

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2018
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NAME OF PROVIDER OR SUPPLIER KAUAI VETERANS MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 337 WAIMEA, HI 96796
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4 000	Initial Comments A re-licensure survey was conducted from 06/26/18 to 06/29/18. During this survey, three facility reported incidents (ACTS #4094, 4306, and 5590) were also investigated and #5590 was substantiated. The facility census included 20 residents.	4 000		
4 136	11-94.1-30 Resident care The facility shall have written policies and procedures that address all aspects of resident care needs to assist the resident to attain and maintain the highest practicable health and medical status, including but not limited to: (1) Respiratory care including ventilator use; (2) Dialysis; (3) Skin care and prevention of skin breakdown; (4) Nutrition and hydration; (5) Fall prevention; (6) Use of restraints; (7) Communication; and (8) Care that addresses appropriate growth and development when the facility provides care to infants, children, and youth. This Statute is not met as evidenced by: Based on observations, staff interviews, and record review, one of three Facility Reported Incidents (FRI) was substantiated. The facility failed to provide adequate supervision and assistance to prevent an avoidable fall. As a result of this deficient practice, (Resident (R) 6) sustained a fall with injury. Findings Include: 1. During staff interview on 06/27/18 at 11:00	4 136	Resident #6 1a. On 7/25/18 PT provided an in-service to LTC staff on Safety with the Functional Independence Measure/FIM Scale. This in-service addressed mobility function, explanation of FIM score and where activity level is documented in the EMR. 1b. On 7/5/18 LTC developed an "Residents Mobility & ADL Summary" form	8/7/18

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
08/02/18

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4 136	<p>Continued From page 1</p> <p>AM, Staff Member (SM) 15 recalled the incident and remembered that R6 fell while posing for a picture. SM15 said that two staff members were standing alongside R6 but that did not prevent the fall from happening.</p> <p>2. During observation on 06/28/18 at 07:45 AM, it was observed that outside staff (referred to as Regional Staff) came for part of the scheduled day to work with the Kauai Veterans Memorial Hospital (KVMH) residents. This regional staff would spend the remaining part of the scheduled day to work with other residents from Samuel Mahelona Memorial Hospital.</p> <p>During an interview with regional staff on 06/28/18 at 07:50 AM, SM14 acknowledged that they did work with residents from two different facilities and that they were not in-serviced or familiar with any of the KVMH resident's recommended activity orders.</p> <p>3. During an interview with the Physical Therapist (PT) on 06/28/18 at 01:42 PM, SM4 stated when there are new or updated PT activity recommendations, that not only gets typed in the chart for everyone to view, it is subsequently communicated directly to KVMH staff by either a short in-service or through verbal communication. However, SM4 acknowledged that these recommendations may not always get communicated to every staff member, including regional staff, as they should.</p> <p>In relation to the investigated FRI, record review showed that R6 had an updated activity recommendation by Physical Therapy almost four months prior to the incident. This activity recommendation included that the resident be provided "Min Assist" or Minimal Assistance.</p>	4 136	<p>to provide an overview of each resident's ADLs. This form will be available to all staff working with residents in LTC to provide a quick reference on resident's mobility and required assistive devices. Regional staff is required to review the resident's mobility status prior to working with any resident.</p> <p>2. All residents have the potential to be affected by staff who do not fully understand their mobility status and risk for fall. In order to mitigate the situation, we have educated staff by in-service and read-and-signs concerning what the FIM scale is and where to locate the information in EMR.</p> <p>3a. To provide consistent documentation, Rehab services was educated and will document the following information on the IDT Review section of the EMR:</p> <ol style="list-style-type: none"> 1. FIM scale score 2. Any assistive devices used 3. Distance walked 4. How ADL is done, sitting or standing <p>3b. On 7/25/18 Rehab Services Director provided an in-service on Safety with the Functional Independence Measure/ FIM Scale to the LTC staff. This in-service addressed mobility function, explanation of FIM score and where activity level is documented in the EMR.</p> <p>3c. On 7/5/18 LTC developed an "Residents Mobility & ADL Summary" form to provide an overview of each resident's ADLs. This form will be available to all staff working with residents in LTC to</p>	

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4 136	Continued From page 2 According to SM4, "Min Assist" included a waist belt be applied to the resident, and a "hand on" the resident was to be provided at all times for support. This was not done. Again, as a result of this deficient practice, R6 sustained a fall with injury.	4 136	provide a quick reference on resident's mobility and required assistive devices. Regional staff is required to review the resident's mobility status prior to working with the resident. 4. LTC Nurse Manager will monitor the "Residents Mobility & ADL Summary" form to confirm it was updated weekly or more often as needed to reflect each residents' current status. Results from this monitoring will be reported to HPIC for 3 consecutive meetings and/or until 100% compliance is met.	
4 166	11-94.1-42(d) Physician services (d) Physicians, physician assistants, or APRNs shall visit the facility as necessary to assure that adequate medical care is being provided, review plan of care, make pertinent recommendations, and determine appropriate level of care of resident. This Statute is not met as evidenced by: Based on electronic medical record (EMR), staff and resident interviews, the facility failed to ensure that the primary care physician (PCP) or alternate physician reviewed the total program of care for 1 of 17 residents (R2), on the survey sample list. Findings: On 06/28/18 at 10:51 AM interviewed R2 as she was sampled for unnecessary medications, and R2 stated that insulin is given at night. Review of R2's EMR found that the resident had	4 166	Resident #2 1. The PCP for this resident was made aware of this citation and the requirement to provide timely documentation outlining his/her plan to address abnormal findings. 2a. All residents have the potential for this deficient practice. 2b. LTC staff re-educated on importance of escalating any physician non-response to abnormal findings up to and including	8/7/18

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4 166	<p>Continued From page 3</p> <p>glycemic monitoring done every 90 days with the hemoglobin (Hgb) A1c test, that measures the average level of blood glucose for the past 3 months, (Hgb A1c of 6.5% or higher depicts diabetes).</p> <p>The nutrition evaluation for R2 done on 04/24/18 noted that quarterly HgbA1c results were: 11.2% (4/23/18); 10.8% (1/12/18); and, 11.4% (10/12/17). The physician orders were for a regular diet due to advanced age and quality of life; and residents family preferred regular diet.</p> <p>The HgbA1c 11.2% result was faxed to R2's primary care physician (PCP) on 04/23/18 and the progress notes on 4/25/18 had written, "Still awaiting reply." On 04/26/18 facility staff called the PCP's office and left message with his nurse. On 04/27/18 it was noted, "MD made aware regarding the Hgb A1 C result and no new order, still awaiting reply at this time; continue with current med." On 05/23/18 the PCP went to the facility to recertify R2 for long-term care. The PCP examined R2 and also ordered to decrease glucometer testing to weekly and increased insulin to 33 units daily at bedtime.</p> <p>On 06/28/18 at 01:28 PM interviewed Staff2, regarding change of insulin dose one month later, and she stated that "PCP feels that too much insulin not good also."</p> <p>On 06/28/18 01:39 PM interviewed the PCP via telephone call and inquired why R2's insulin was increased one month after HgbA1c result was reported to him. The PCP simply stated that he waited until the recertification period.</p> <p>On 06/29/18 10:18 AM reviewed R2's EMR and on 05/23/18 the PCP's recertification statement</p>	4 166	<p>facility CEO/LTC Administrator.</p> <p>3. Physician Communication form to be completed and sent to PCP with any lab work received during office hours. Physician to review lab work, complete the bottom section of the form and fax back to the facility. Follow-up phone call will be made as needed prior to escalation.</p> <p>4. LTC Nurse Manager to monitor for timely physician response to all abnormal findings and report results to HPIC x 3 consecutive meetings and/or until 100% compliance met.</p>	

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4 166	Continued From page 4 under interim history noted, "The patient has steadily declined over the months, but there has been no significant change from her last visit. ... Chronic problems are reviewed, they are unchanged." There were no other PCP documentation regarding HgbA1c levels and/or reasons for adjusting insulin dose.	4 166		
4 174	11-94.1-43(b) Interdisciplinary care process (b) An individualized, interdisciplinary overall plan of care shall be developed to address prioritized resident needs including nursing care, social work services, medical services, rehabilitative services, restorative care, preventative care, dietary or nutritional requirements, and resident/family education. This Statute is not met as evidenced by: Based on interviews and record review, the facility failed to adequately monitor the drug regimen for unnecessary medication for two of 5 residents reviewed for unnecessary medications, (Resident (R) 1 and 9). 1) Record Review (RR) on 06/28/18 reveals R1 who is on Trazodone 25 mg po daily at 1800 to be given one hour after meals for insomnia and agitation. Order written on 11/01/18 for trazodone for insomnia with agitation and and restlessness. Physician order further states to monitor for headache, fatigue, presyncope, blurred vision, illogical thinking, dizziness, constipation, diarrhea and xerostomia dated November 01, 2016. Further record review reveals care plan did not plan for monitoring of side effects for headache, fatigue, presyncope, blurred vision, illogical	4 174	Resident #1 & 9 1a. On 6/29/18 Resident #1's Care Plan was updated to include monitoring for Trazadone side effects which included headache, fatigue, pre-syncope, blurred vision, illogical thinking, dizziness, constipation, diarrhea, and xerostomia. 1b. On 7/3/18 Resident #9's Care Plan was updated to include monitoring for bleeding side effects for Clopidogrel (anti-platelet) which included increased bleeding, bruising, epistaxis, and hematuria/hemachezia. 2a. All residents on High Risk Medications have the potential to be affected if their care plan does not	8/7/18

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4 174	<p>Continued From page 5</p> <p>thinking, dizziness, constipation, diarrhea and xerostomia.</p> <p>Interview on 06/29/18 at 08:25 A.M. interview with Staff (S) 2 who stated "Initially R1 came to us and would not sleep at night. Resident would dust things at wee hours of the night and when staff tried to orient R1, R 1 would get very agitated with redirection. We had to assign a staff to R1 until she goes to bed. We tried to get her sleeping patterns switched around but it took a while. She is much better now. We attempted to reduce her trazodone in March but reduction of dose was contraindicated. S2 acknowledged the deficiency and presented a copy of an updated careplan.</p> <p>2) Record review revealed R9 is on Clopidogrel (blood thinner) 75 mg by mouth every night with dinner. Plan of care report did not show documentation for adequate monitoring of blood thinner. Some of the side effects from Clopidogrel are serious and sometimes fatal bleeding, bruising, bleeding more easily, nosebleeds and it will take longer than usual for bleeding to stop or blood in urine or stool.</p> <p>Interview with S2 who was able to show me a care plan for skin integrity but was not able to show this surveyor a plan of care for bleeding which is a severe side effect from this medication.</p>	4 174	<p>address monitoring for side effects.</p> <p>2b. The High Risk Medication Reference Sheet was updated to include Clopidogrel (anti-platelet) to remind staff to add side effect monitoring for this medication.</p> <p>3. All LTC RNs were re-educated on initiating/updating Care Plans for residents on High Risk Medications to include:</p> <ul style="list-style-type: none"> a. Monitoring for side effects and adverse outcomes b. Addressing any specific physician monitoring orders c. To use the High Risk Medication Reference Sheet as a guide to create resident's care plan <p>4. Chart audits will be done by the LTC Nurse Manager or designee on all residents with new High Risk Medication orders to ensure a Comprehensive Care Plan has been initiated. Findings from chart audits will be reported to HPIC for at least three consecutive meetings or until 100% compliance is achieved.</p>	
4 203	<p>11-94.1-53(a) Infection control</p> <p>(a) There shall be appropriate policies and procedures written and implemented for the prevention and control of infectious diseases that shall be in compliance with all applicable laws of the State and rules of the department</p>	4 203		8/7/18

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4 203	<p>Continued From page 6</p> <p>relating to infectious diseases and infectious waste.</p> <p>This Statute is not met as evidenced by: Based on observation, staff interview, and review of policies, the facility failed to ensure that a Gastrostomy Tube (G-Tube) flush bag was capped and protected from the "open air". This deficient practice put the resident at risk for the development and transmission of communicable diseases and infections.</p> <p>Findings Include: 1. On 06/27/18 at 09:47 AM, during an observation of a G-Tube feeding for (Resident (R) 3), it was noted that the flush bag, for the feeding, was not capped and not protected from the "open air".</p> <p>On 06/27/18 at 09:50 AM, during staff interview with Staff Member (SM) 9 and review of facility policy, the G-Tube flush bag should have been capped as per manufacturer instructions. SM 9 also acknowledged that the flush bag should have been capped and protected from the "open air".</p>	4 203	<p>Resident #3</p> <p>1. On 7/9/18 education was provided to all staff regarding G-Tube feeding and the need to keep flush bag capped at all times. During education, LTC Nurse Manager reinforced that cap closure is vital to patient safety as it keeps feeding system clean and free from outside contaminates in the air. Cap is to be checked for closure before and after flush and noted on the MAR.</p> <p>2. Any resident with a G-Tube feeding could potentially be affected by this. Therefore corrective action includes daily review of MAR by LTC Nurse Manager or designee to ensure that MAR reflects need to check for cap to be closed and also to see if RN documentation shows it is closed. Cap closure is listed on the MAR and requires nurse to record the cap was closed.</p> <p>3. All staff were re-educated on the G-Tube feeding flush bag and the need to maintain a closed system by keeping it capped at all times. During education, LTC Nurse Manager reinforced that the cap closure is vital to patient safety as it keeps feeding system clean and free from outside contaminates in the air. Cap check is to be done and closure documented on the MAR whenever flush is used. Additionally, staff were instructed to</p>	

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4 203	Continued From page 7	4 203	<p>validate cap remains closed when making hourly rounds.</p> <p>4. LTC Nurse Manager will complete daily audits to ensure the cap closure on the flush bag is closed and documented on the MAR. Findings from these audits will be reported to HPIC for 3 consecutive months and/or until 100% compliance is met.</p>	