

Hawaii Dept. of Health, Office of Health Care Assurance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125004 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/13/2018 |
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| NAME OF PROVIDER OR SUPPLIER GARDEN ISLE HEALTHCARE AND REHABILITATION (| STREET ADDRESS, CITY, STATE, ZIP CODE 3-3420 KUHIO HIGHWAY, SUITE 300 LIHUE, HI 96766 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|--|--------------------|
| 4 000 | Initial Comments A recertification survey was completed on 07/13/2018. There were 83 residents on the facility census at the start of the survey. | 4 000 | | |
| 4 130 | 11-94.1-29(a) Resident abuse, neglect, and misappropriation (a) The facility shall develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This Statute is not met as evidenced by: Based on resident and staff interview the facility failed to ensure that the personal property for 1 of 33 residents (R60) on the survey sample was not lost or stolen. Findings include: On 07/10/18 at 12:32 PM during interview of R60, she reported that she had a pink and white sleeveless dress that was sent for wash to the facility laundry and never returned. The resident stated that the dress has been missing for couple weeks now. On 07/12/18 at 02:06 PM interviewed LN19 about the facility procedure when a resident reports about a missing personal item. LN19 stated that if laundry was not returned, then staff would ask the laundry department and help the resident to locate the item. If staff were unable to find the missing item, a facility form was used to report to | 4 130 | Corrective Action I. Upon notification staff were in-serviced on facility policy regarding lost/missing items. Resident (R60) was reimbursed for the lost item. Identification II. No other residents were negatively affected by this practice. A review of internal survey process for the previous four quarters, as well as facility complaint log was conducted, and results noted compliance with facility policy. Systematic Change III. Reports of lost/missing items will be reported to charge nurse and facility will attempt to locate item. A loss report will be completed for any items that are | 8/23/18 |

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

TITLE

(X6) DATE
08/30/18

Hawaii Dept. of Health, Office of Health Care Assurance

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| 4 130 | <p>Continued From page 1</p> <p>the social worker that the resident is missing personal item(s). The social services department would help the resident resolve the missing item.</p> <p>The resident reported to LN1 about the missing dress, and LN1 stated that a missing item form was not completed because the dress was returned the day after the resident reported it missing. According to LN1, R60 also told her that it was found. Both LN19 and LN1 stated that they would clarify with R60 about the missing dress.</p> <p>On 07/13/18 at 11:30 AM queried R60 if her missing dress was found and she reiterated that the "pink and white dress" did not return from the laundry and told staff again that it wasn't in her closet. Interviewed LN19, and she validated that staff went through clothes with R60 and the "pink and white sleeveless" dress was not found. The staff completed a missing item form which was sent to social services for follow-up.</p> | 4 130 | <p>unable to be located at which time social services will investigate and resolve issue as appropriate.</p> <p>Monitoring</p> <p>IV. Routine audits will be conducted to ensure compliance. The audits will be reviewed with the Quality Assurance Performance Improvement Committee for follow-up as indicated by results.</p> <p>Responsible Person: Administrator/Designee</p> | |