

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125032</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HALE HO'OLA HAMAKUA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>45-547 PLUMERIA STREET HONOKAA, HI 96727</b>
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4 000	Initial Comments  A re-licensure survey was conducted from 07/31/18 to 08/06/18. During this survey, three facility reported incidents (ACTS #4583, 5587, and 5627) were investigated and unsubstantiated. The facility census included 65 residents.	4 000		
4 115	11-94.1-27(4) Resident rights and facility practices  Written policies regarding the rights and responsibilities of residents during the resident's stay in the facility shall be established and shall be made available to the resident, resident family, legal guardian, surrogate, sponsoring agency or representative payee, and the public upon request. A facility must protect and promote the rights of each resident, including:  (4) The right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility;  This Statute is not met as evidenced by: Based on resident interview, the facility failed to provide one resident (R163) with respect and dignity while providing care.  Findings include:  R163 was admitted to the facility on 7/26/18 with diagnoses which included congestive heart failure, pulmonary hypertension, and edema. The resident requires assistance with daily care due to her large size, extreme swelling and weakened state.  An interview of R163 on the morning of 7/31/18	4 115	Tag 0115 - 11-94.1-27(4) Residents Rights and facility practices (Skilled Nursing/ICF) Corrective Action: This facility will ensure that each resident is treated with respect and dignity and that care is delivered in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. Resident #163 was interviewed on 8/21/18 regarding this incident. The resident stated that she felt education for the staff on customer service would be appropriate and that she did not feel like she was	9/20/18

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

TITLE

(X6) DATE  
08/29/18

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4 115	Continued From page 1  found her sitting up in bed. R163 was noted with tight skin from fluid retention and had a nasal cannula to deliver oxygen. When asked about resident care, R163 stated that the staff were great aside from one Certified Nurses Aide (CNA) who often rushed and caused discomfort when providing care to the resident. R163 stated the extreme swelling makes her skin tight which increases her sensitivity to touch. When the CNA rushes, R163 sometimes experiences discomfort. Additionally, when R163 attempted to discuss her concern with the CNA, she became argumentative. The resident noted the CNA is obviously not happy with her job. The resident stated she had a good relationship with the Administrator and would therefore have a discussion with her about that CNA.	4 115	abused. The CNA was identified and the CNA received education on resident rights and customer service.  Responsible Person: The Director of Nursing, RAI coordinator and the educator will be responsible for on-going compliance.  Systemic Changes and Monitoring: All nursing staff will be provided education on resident rights and customer service. Any resident concerns regarding resident rights will be monitored via Abaqis interviews, resident council meetings and quarterly care plan conferences. Staff utilization of customer service training will be monitored via supervisor observation and rounds for one year and re-education will be provided as necessary. Education will be completed by September 20, 2018.  All residents have the potential to be affected by this deficiency.	
4 118	11-94.1-27(7) Resident rights and facility practices  Written policies regarding the rights and responsibilities of residents during the resident's stay in the facility shall be established and shall be made available to the resident, resident family, legal guardian, surrogate, sponsoring agency or representative payee, and the public upon request. A facility must protect and promote the rights of each resident, including:  (7) The right to refuse treatment, to refuse to	4 118		8/24/18

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4 118	<p>Continued From page 2</p> <p>participate in experimental research, and to formulate an advance directive;</p> <p><input type="checkbox"/></p> <p>This Statute is not met as evidenced by: Based on record review and interview with staff member, the facility failed to ensure a resident (Resident #53) without an advance directive was provided with information to formulate an advance directive.</p> <p>Findings include:</p> <p>On 08/01/18 at 09:35 AM a record review was done for Resident #53. The review found no documentation of an advance directive on file. On 08/01/18 at 02:07 PM a concurrent review of the electronic medical record (EMR) was done with the Charge Nurse. The Charge Nurse confirmed there is no documentation of the advance directive in the resident's EMR. The Charge Nurse was agreeable to follow up with medical records. On 08/01/18 at 02:17 PM the Charge Nurse stated the resident does not have an advance directive. Further review found there was no documentation in the admission note (12/08/17) regarding the right to formulate an advance directive.</p>	4 118	<p>Tag 0118 - 11-94.1-27(7) Resident Rights and facility practices (Skilled Nursing/ICF) Corrective Action: Staff discussed advance health care directives with Resident #53 and was given written information on advance health care directives on 8/24/18. Resident #53 was undecided on if she wanted to formulate an advance health care directive at this time. Completed on 8/24/2018.</p> <p>Responsible Person: The Nurse Manager and Social Worker will be responsible for on-going compliance.</p> <p>Systemic Changes and Monitoring: The admission checklist has been revised and a section added as a reminder to the admission nurse to obtain information on if a resident has an advance health care directive and if not, provide written information to them on formulating an advance health care directive. The nurse manager or designee will audit each admission to verify that the resident was provided information on advance directives if they didn't already have one in place for 90 days or until 100% compliance is met. The social worker or designee will discuss advance health care directives with the resident quarterly and as needed.</p>	

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4 118	Continued From page 3	4 118	All residents have the potential to be affected by this deficiency.	
4 120	<p>1-94.1-27(9) Resident rights and facility practices</p> <p>Written policies regarding the rights and responsibilities of residents during the resident's stay in the facility shall be established and shall be made available to the resident, resident family, legal guardian, surrogate, sponsoring agency or representative payee, and the public upon request. A facility must protect and promote the rights of each resident, including:</p> <p>(9) The right to names, addresses, and telephone numbers of pertinent resident advocacy groups;</p> <p>This Statute is not met as evidenced by: Based on observation and interview with resident council members, the facility failed to ensure residents have been informed of their right, including information on how, to formally complain to the State Agency.</p> <p>Findings include:</p> <p>On 08/02/18 at 2:00 PM an interview was conducted with the resident council representatives. Queried members whether they were aware of contacting the State Agency to file a complaint. The members were not aware they could call the State Agency to file a complaint.</p> <p>Following the interview, observation found a bulletin board posted by the entrance to the solarium with resources for the residents. The phone number for the State Agency was not</p>	4 120	<p>Tag 0120 - 11-94.1-27(9) Resident Right and Facility Practices</p> <p>This facility will ensure accuracy of required notices and contact information. Corrective Action: The bulletin board was updated to ensure the current phone number for the State Agency was listed on 8/7/18.</p> <p>Responsible Party: Social Services Department or Social Services designee is responsible for ongoing compliance.</p> <p>Systemic Changes and Monitoring: Verification of accuracy of bulletin board posting and education at resident council meeting of resident rights to file a complaint with the state agency will be</p>	8/7/18

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4 120	Continued From page 4  current. Concurrent observation was made with the Administrator and the Director of Nursing to confirm the phone number for the State Agency required updating.	4 120	offered semi-annually.  All residents have the potential to be impacted by this deficiency.	
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 record review and interview with staff members and resident, the facility failed to ensure 1 (Resident 49) of 5 residents sampled for unnecessary medication review received klonopin (benzodiazepine) to aide in sleeping.  Findings include:  On 08/01/18 at 02:10 PM a record review was done for Resident 49 (R49). A review of the physician's order found an order for klonopin, 1 mg. by mouth at HS (sleep) with a start date of 5/24/18. On the morning of 08/02/18 the facility	4 136	Tag 0136 - 11-94.1-30 Resident Care (Skilled Nursing/ICF)  Corrective Action: On 8/7/18, a Mood State care plan was initiated for Resident #49. Interventions include encourage me to establish a bedtime routine to facilitate transition from wakefulness to sleep and provide a dark, quiet, and comfortable atmosphere for me to sleep in." Additional interventions to address non-pharmacological approaches to depression include "encourage	9/20/18

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4 136	<p>Continued From page 5</p> <p>provided a copy of the resident's care plan. R49 has a care plan for the use of psychotropic drug, noting a diagnosis of depression and use of klonopin for sleep. The care plan included interventions to monitor the resident for side effects related to the use of klonopin; complete behavior monitoring sheet every shift; and remind the physician to assess for periodic gradual dose reduction. Based on a sleep assessment, there was no documentation of non-pharmacological interventions to aide in the resident's sleep.</p> <p>On 08/02/18 at 09:58 AM an interview was conducted with R49. Inquired whether the resident has difficulty with sleep, the resident responded that she has no problems sleeping, but has thick mucous which interrupts her sleep to clear her throat. R49 is aware that she is taking medication at night to help her sleep and further reported she used this medication at home.</p> <p>On 08/02/18 at 10:55 AM an interview and concurrent review of the resident's care plan was done with the Minimum Data Set Coordinators. The coordinators confirmed the facility did not develop behavioral interventions (non-pharmacological approaches) to aide in the resident's ability to sleep (i.e. falling asleep, staying asleep, sleep hygiene).</p> <p>Based on record review and interview with resident and staff member, the facility failed to ensure 1 (Resident 49) of 3 residents sampled with psychotropic medication (antidepressant) included behavioral interventions to address depression.</p> <p>Findings include:</p>	4 136	<p>discussion, validate feelings of depression, fear and anxiety, provide reassurance that these feelings are normal" and "encourage choices of activities of interest to help lift mood." Completed on 8/7/18</p> <p>Responsible Person: The LTC Nurse Manager, Educator, RAI Coordinator and Social Worker will be responsible for on-going compliance.</p> <p>Systemic Changes and Monitoring: All new orders will be reviewed within 24-72 hours. A checklist will be provided to assist the nursing staff in determining the indication for the new medication order, non-pharmacological interventions attempted, and initiation of plan of care. The nurse manager or designee will bring all new orders to the daily stand-up meeting to confirm that there has been a review of the new medication. Education will be provided to the nursing staff regarding unnecessary drug use by September 20, 2018. Residents will be reviewed in psychotropic committee upon a new order for a psychotropic medication and at least quarterly thereafter. A spreadsheet has been developed to track all psychotropic medications and associated behaviors and care plans. This will be reviewed weekly by the Social Worker or designee for 90 days or until 100% compliance is met. Education will be provided to all licensed nursing staff assigned to the long term care unit on unnecessary psychotropic medication use. To be completed by 9/20/18.</p>	

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4 136	<p>Continued From page 6</p> <p>On 08/01/18 at 02:10 PM a record review was done for Resident 49 (R49). R49 was admitted to the facility on 02/26/18. The resident's diagnoses include: seasonal allergies; knee pain, left; hypertension; vitamin C deficiency; failure to thrive in adult; cerebrovascular disease; coronary artery disease; chronic obstructive pulmonary disease; diabetes mellitus; and chronic kidney disease, Stage 3.</p> <p>A review of the physician's orders found an order for celexa (citalopram hydrobromide), 20 mg. daily for depression with a start date of 05/25/18. The resident had a significant change Minimum Data Set (MDS) with an assessment reference date of 06/26/18. R49 yielded a score of 15 (cognitively intact) on the Brief Interview for Mental Status. The resident was also coded as receiving antidepressant and antianxiety medication during the last seven days. A review of Section D. Mood noted the resident did not report symptoms of depression or displayed any behaviors.</p> <p>The facility provided a copy of the resident's care plan on the morning of 08/2/18. The resident has a care plan for psychotropic drug use, noting R49 has a diagnosis of depression and takes klonopin for sleep. The care plan includes interventions to monitor for side effects related to the use of celexa; monitoring for behavior; and monthly completion of psychopharmacological summary. There was no documentation of a care plan to address non-pharmacological interventions related to the resident's depression. Further review found one entry by social services dated 07/09/18 to document the delivery of mail.</p> <p>On 08/02/18 at 09:58 AM an interview was conducted with R49. The resident was not aware</p>	4 136	All residents have the potential to be affected by this deficiency.	

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4 136	Continued From page 7  of taking an antidepressant. R49 reported wanting to go to "heaven" to be with her spouse. Further queried whether staff come to visit with her, the resident responded that staff members don't have time to visit as they are busy working, they usually come to give medication and leave. The resident reported that she does not participate in activities and spends most of the time in her room.  On 08/02/18 at 10:55 AM an interview and concurrent review of the resident's care plan was done with the MDS Coordinators. The coordinators confirmed the facility did not develop behavioral interventions (non-pharmacological approaches) to provide support and care to address R49's depression to maintain her highest psychosocial well-being.	4 136		
4 159	11-94.1-41(a) Storage and handling of food  (a) All food shall be procured, stored, prepared, distributed, and served under sanitary conditions.  (1) Dry or staple food items shall be stored above the floor in a ventilated room not subject to seepage or wastewater backflow, or contamination by condensation, leakages, rodents, or vermin; and  (2) Perishable foods shall be stored at the proper temperatures to conserve nutritive value and prevent spoilage.  This Statute is not met as evidenced by: Based on observation and interview, the facility failed to ensure food was properly stored.	4 159	Tag 0159 - 11-94.1-41(a) Storage and Handling of food This facility will ensure safe/sanitary food	8/27/18



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4 159	Continued From page 8  Findings include:  On 07/31/18 at 9:40 AM during the initial tour of the kitchen with the Food Service Manager (FSM) observed a brown box stored on the floor of the freezer. The FSM removed one of four carts blocking the entrance to the freezer and reported it was a box of chicken leg meat. Further queried whether there were two boxes on the floor. The FSM stated there were two boxes of chicken leg meat placed on the floor of the freezer. The FSM confirmed food items are not to be stored directly on the floor of the freezer.	4 159	storage and preparation.  Corrective Action: The box of chicken leg meat was moved from the floor onto a shelf in the walk in freezer by 8/7/18. A new reach-in refrigerator/freezer combination unit was purchased and received on 8/10/18 to allow for increased storage capacity of frozen foods.  Responsible Party: The Food Service Manager is responsible for ongoing compliance.  Systemic Changes and Monitoring: Checking that all foods in the walk-in freezer are stored properly on shelves each day has been added to an existing dietary checklist to be completed daily to allow for monitoring and follow-through.  All residents have the potential to be impacted by this deficiency.	
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 resident interview and observation, medical record review and staff interview, the facility failed to create an acute care plan to	4 174	Tag 0174 - 11-94.1-43(b) Interdisciplinary Care Process (Skilled Nursing/ICF) Corrective Action:	9/20/18

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4 174	<p>Continued From page 9</p> <p>address one resident's (R 163) acute health care needs.</p> <p>Findings include:</p> <p>Interview of R163 on the morning of 7/31/18 at 11:28 AM found her sitting up in bed. R163 was admitted to the long term care facility on 7/26/18 with diagnoses which included congestive heart failure, pulmonary hypertension and chronic kidney disease. She had a nasal cannula which was delivering oxygen. The resident stated she was on a fluid restriction of 1500 ml per day.</p> <p>R163's legs were noted with blisters/lesions which the resident attributed to her extreme fluid retention. The resident was noted to have slightly labored breathing with her nasal cannula in place. Her cheeks were splotchy and with purple markings. Her nose was splotchy and purple. Her lips were also purplish. Her toes were noted to be bluish at the tips.</p> <p>A review of R163's medical record found physicians orders: Lasix (diuretic) 60 mg intravenous every four hours; Heparin (blood thinner) 5000 units subcutaneous twice daily; Regular diet and a fluid restriction was not noted. A review of R 163's acute care plan found there was no documentation of her use of oxygen, her difficulty breathing and the swelling she was experiencing. Additionally, the acute care plan did not indicate R163's use of an antidiuretic and blood thinner.</p> <p>An interview of the Nurse Manager on the morning of 8/3/18 at 10:30 AM revealed R163 is noncompliant with her fluid restriction. The Nurse Manager was made aware that R163 refused to comply with her fluid restriction and asked to</p>	4 174	<p>The baseline (acute) care plan for R163 was revised on 8/7/2018 to include use of oxygen, respiratory issues, edema, fluid restriction, and use of diuretics and anticoagulants.</p> <p>On 8/7/18, a Mood State care plan was initiated for Resident #49. Interventions include encourage me to establish a bedtime routine to facilitate transition from wakefulness to sleep and provide a dark, quiet, and comfortable atmosphere for me to sleep in." Related to depression non-pharmacological approaches include "encourage discussion, validate feelings of depression, fear and anxiety, provide reassurance that these feelings are normal" and "encourage choices of activities of interest to help lift mood." Completed on 8/7/18.</p> <p>Responsible Person: The Director of Nursing, Nurse Manager, RAI Coordinator and Social Worker will be responsible for on-going compliance.</p> <p>Systemic Changes and Monitoring: Education on completion of the baseline(acute) care plan will be provided to all registered nurses that work on the Long Term Care unit. The admission checklist has been revised to include a section for the admission nurse to document that the baseline care plan was initiated. The nurse manager will review all admissions and consult with the interdisciplinary team for input on the baseline care plan within 48 hours of admission. The Director of Nursing will audit all baseline care plans for 90 days or until</p>	

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4 174	<p>Continued From page 10</p> <p>speak with her physician to discuss it. The Nurse Manager stated the facility was working on her comprehensive assessment and therefore didn't have all of R163's health issues included on the acute care plan.</p> <p>Based on record review and interview with staff members, the facility failed to develop a comprehensive person-centered care plan for 1(Resident 49) of 21 sampled residents.</p> <p>Findings include:</p> <p>On 08/01/18 at 02:10 PM a record review was done for Resident 49 (R49). R49 was admitted to the facility on 02/26/18. A review of the physician's orders found R49 is prescribed with celexa (20 mg. daily for depression following a gradual dose reduction, with a start date of 05/25/18) and klonopin (1 mg. every night for sleep with a start date of 05/25/18).</p> <p>On the morning of 08/02/18 the facility provided a copy of the resident's care plan. The interdisciplinary team developed a care plan for psychotropic drug use (start date 02/28/18). The identified goal is "no complications related to psychotropic drug use". The interventions include the monitoring of adverse effects related to the use of celexa and klonopin; behavioral monitoring every shift; monthly psychopharmacological summary; and remind the physician to assess for periodic dose reduction. The care plan did not include non-pharmacological interventions to address the resident's depression or sleep issue.</p> <p>On 08/02/18 at 10:55 AM an interview and concurrent review of the resident's care plan was done with the Minimum Data Set Coordinators. The coordinators confirmed the facility did not</p>	4 174	<p>100% compliance is met. Completed on 8/31/2018.</p> <p>Residents will be reviewed in psychotropic committee upon a new order for a psychotropic medication and at least quarterly thereafter. A spreadsheet has been developed to track all psychotropic medications and associated behaviors and care plans. This will be reviewed weekly by the Social Worker or designee for 90 days or until 100% compliance is met. Completed on 9/20/2018</p> <p>All residents on have the potential to be affected by this deficiency.</p>	

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125032</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/06/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HALE HO'OLA HAMAKUA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>45-547 PLUMERIA STREET HONOKAA, HI 96727</b>
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4 174	Continued From page 11  develop behavioral interventions (non-pharmacological approaches) to provide support and care related to the resident's depression and sleep issues.	4 174		
4 203	11-94.1-53(a) Infection control  (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 relating to infectious diseases and infectious waste.  This Statute is not met as evidenced by: Based on observation, staff interview, and review of facility policy, the facility failed to exchange suction equipment/cannister for two of twenty residents (Resident (R) 39, and R54) reviewed. This deficient practice put the resident at risk for the development and transmission of communicable diseases and infections.  Findings Include: 1. During an observation of the suction equipment in R39's room, on 07/31/18 at 11:55 AM, the suction equipment cannister contained approximately 100cc of greenish liquid contents. The cannister was marked with the date 06/18/18. This would mean that the suction equipment has been in use for 43 days.  2. During an observation of the suction equipment in R54's room, on 07/31/18 at 11:57 AM, the suction equipment cannister contained approximately 100cc of clear liquid contents. The cannister was marked with the date 06/25/18.	4 203	Tag 0203 - 11-94.1-53(a) Infection Control (Skilled Nursing/ICF) Corrective Action: The suction canisters in the rooms of Resident #39 and Resident #54's rooms were changed on 8/7/18. Suction canisters were removed from any room in which the resident did not require suction. Completed on 8/7/18.  Responsible Person: The Director of Nursing and Infection Control Coordinator will be responsible for on-going compliance.  Systemic Changes and Monitoring: Education on infection control and the changing of equipment will be provided to all nursing staff by September 20, 2018. Weekly monitoring of all resident rooms will be done on a weekly basis by the leadership team to ensure that the suction	9/20/18

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4 203	<p>Continued From page 12</p> <p>This would mean that the suction equipment has been in use for 36 days.</p> <p>After staff interview with Registered Nurse (RN) 4 and review of facility policy, the suction equipment/cannister for both R39 and R54 should have been replaced after one week of use. Also, RN 4 acknowledged that the contents should have been properly discarded.</p> <p>During an interview with the Facility Administrator on 08/03/18 at 09:25 AM, all staff for Long Term Care had received on-going education and training for the changing of suction equipment. The training specifically stated that changing of suction cannisters are done weekly and as needed. Also, it stated to empty cannisters when they are half full.</p>	4 203	<p>canisters are changed in a timely manner. To be completed by September 20, 2018</p> <p>All residents have the potential to be affected by this deficiency.</p>	
4 243	<p>11-94.1-64(a) Engineering and maintenance</p> <p>(a) The facility shall maintain all essential mechanical, electrical, and resident care equipment in safe operating condition.</p> <p>This Statute is not met as evidenced by: Based on observations and staff interview, the facility failed to maintain door lock for one of two Soiled Utility rooms surveyed. The door lock for the Lehua Nursing Unit Soiled Utility room was stuck and did not secure the door. As a result of this deficient practice, the facility put the safety and well-being of the residents as well as the public at risk.</p> <p>Findings Include:</p> <p>1. During an observation of the Soiled Utility room (located on Lehua Nursing unit) on 07/31/18</p>	4 243	<p>Tag 0243 - 11-94.1-64(a) Engineering and maintenance This facility will ensure essential equipment is in safe operating condition.</p> <p>Corrective Action: The locking mechanism on the soiled utility room that was noted to be non-functioning was repaired on 8/7/18.</p> <p>Responsible Party: The maintenance department is responsible for ongoing compliance.</p>	9/20/18

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4 243	<p>Continued From page 13</p> <p>at 11:50 AM, it was noted that the door lock for the Soiled Utility room was stuck open and anyone could have entered the room freely. There was also no staff in the immediate vicinity to prevent anyone from entering the room. The room had two large containers for soiled utility, two containers for trash, two red hazard containers, one sharps container, and one container for contaminated body waste.</p> <p>During an interview with Registered Nurse (RN) 4 on 07/31/18 at 12:15 PM, RN4 stated that the door to the Soiled Utility room should have been locked and secured. RN4 double checked the door locked and verified that it was not functional and did not secure the room.</p>	4 243	<p>Systemic Changes and Monitoring: Checking doors to ensure locking mechanisms are working and verification of routine maintenance being performed on locking mechanisms has been added to the existing maintenance monthly facility checklist which will continue to be completed each month.</p> <p>All residents have the potential to be impacted by this deficiency.</p>	