

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2018
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NAME OF PROVIDER OR SUPPLIER NUUANU HALE	STREET ADDRESS, CITY, STATE, ZIP CODE 2900 PALI HIGHWAY HONOLULU, HI 96817
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4 000	Initial Comments A recertification survey was conducted by the State Agency from 9/11/17 to 9/14/17. On entrance to the facility the census was 65.	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, record review, resident and staff interviews, and review of the facility's policy/procedures, the facility failed to provide assistance with activities of daily living (ADLs), oral hygiene, for 2 sampled residents (Resident R4 and Resident R49) who required staff assistance. Findings: 1. Review of R49's "Face Sheet" revealed she was admitted to the facility on 08/08/17, with a diagnosis including anemia, gastronomy status and dysphagia (difficulty swallowing).	4 136	Nuanu Hale is committed to ensure that necessary care and services are provided to residents who are unable to carry out their ADLs and will attain or maintain the resident's highest practicable physical, mental, psychosocial well-being. For Resident #49 a comprehensive assessment of resident's oral cavity and teeth was conducted on 9/27/18 by DON and Contract Dentist, indicating that there were no dental issues identified. (9/27/2018)	11/14/18

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

TITLE

(X6) DATE
10/15/18

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4 136	<p>Continued From page 1</p> <p>Review of R49's quarterly "Minimum Data Set" (MDS- an assessment tool completed by the facility to identify resident care problems and assist with care planning) with an "Assessment Reference Date" (ARD- the end point of the evaluation period) of 08/10/16, indicated, "Section C: Cognitive Patterns," the resident had a "Brief Interview for Mental Status" (BIMS-a cognitive evaluation) score of 14 out of 15, which indicated an intact cognitive response. "Section G-Functional Status," indicated the resident was coded as being totally dependent of one staff for brushing teeth. "Section K-Nutritional Status," indicated she was coded as having a feeding tube. "Section-L Dental Status," indicated the resident was identified as having obvious or likely cavity or broken natural teeth.</p> <p>Review of the resident's plan of care, dated 02/12/18, identified the problem of natural teeth with possible cavity and at risk for oral pain and infection. The pertinent care plan approaches were, assist with dental hygiene at least two times a day, monitor for oral/dental pain/infections, and a dental consult as needed.</p> <p>Review of the "Dental Progress Notes" indicated the resident had been seen by the facility's dentist on 03/14/16 and 03/13/17 with no cavity concerns.</p> <p>Interview the Registered Nurse (RN) 1 on 09/25/18 at 2:48 PM confirmed the resident had not been seen by the facility's dentist since 2017. On 09/24/18 at 2:28 PM, R49 was observed with an enteral feeding due to dysphagia. The resident had gray plaque and dark brown areas noted on her teeth and gum line. The resident stated she was unable to brush her own teeth and the nursing staff does not brush them. She also stated she did not have oral/dental pain.</p> <p>On 09/25/18 at 11:42 AM, R49 was observed in bed. The resident's teeth were covered with gray</p>	4 136	<p>On 10/1/2018 contracted dentist conducted a second assessment of Resident #49 indicating Pt has PFM (Porcelain-fused-to-metal dental crowns) across bridge in upper anterior. Dark gray area can be attributed to metal and porcelain slid that has permanently stained due to age of restoration. Gingival recession is also another contributory factor to create the darkened areas.</p> <p>During the CNA Competency Evaluations of 9/17-21/2018, the provision of oral care was identified as an area that required retraining. Plans developed on 9/21/2018 were to:</p> <ul style="list-style-type: none"> -On 11/13-14/2018, have the DON provide training on the importance of oral hygiene for all staff; -10/5/2018 purchase of a model of teeth/gums to demonstrate appropriate tooth brushing and oral care ongoing -9/27/2018 on an ongoing basis the QA RN and ADON will develop a priority list for the contract dentist to follow in conducting annual assessments of all residents based on identified needs. (9/27/2018 thru 10/11/18 and ongoing) <p>For Resident #25 Plan of Care was reviewed and revised on 9/27/2018, to more clearly include care and services to be provided to resident as relating to resident's incontinence which was indicated as a potential for skin breakdown as well as in his ADL care plan relating to his self-care deficits and clearly identify toileting needs as well as to ensure that timely care will be provided as needed to prevent any negative outcomes,</p>	

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4 136	<p>Continued From page 2</p> <p>plaque with brown areas at the gum line. She stated her teeth had not been cleaned for a long time.</p> <p>Interview with Certified Nurse Aide (CNA)3 on 09/25/18 at 11:50 AM indicated she cleaned the resident's teeth with an oral care sponge swag and mouth wash daily.</p> <p>Interview with CNA2 on 09/25/18 at 11:55 AM stated she used a tooth brush and tooth paste to cleanse the resident's teeth. She showed the surveyor the residents' personal hygiene basket. The resident had a toothbrush but there was no tooth paste in her hygiene basket. The CNA further stated she cleans her teeth daily.</p> <p>Review of the Nurse Aides' "Plan of Care," documentation for oral care revealed the resident had received oral care 10 times from 09/17/18 to 09/25/18.</p> <p>Interview with RN1 on 09/25/18 at 12:48 PM indicated R49's oral care documentation did not reveal the resident had received oral care two times a day per her plan of care.</p> <p>On 09/25/18 at 2:46 PM, RN1 accompanied the surveyor to R49's room and inspected the resident's mouth. She confirmed there was gray plaque with brownish/black areas on the resident's teeth and gum line.</p> <p>Review of facility's policy and procedure titled, "Nursing Services," revised date 01/05/18, revealed residents who require assistance are to receive oral hygiene/grooming general daily care. The grooming consisted of brushing teeth.</p> <p>2. During observations on the morning of 09/24/2018, R 25 was found lying in bed with visible fecal matter on both the top and bottom sheets of the bed. R 25's left hand was visibly covered in fecal matter and was waving it around. The odor from the fecal matter a strong unpleasant smell that could be smelt throughout</p>	4 136	<p>discomfort of resident and assure resident dignity.</p> <p>A review of facility policy was also conducted indicating that continent residents are toileted every 2 hours and for incontinent residents to check briefs regularly at least every 2 hours and change as needed.</p> <p>Staff were interviewed on 10/11/2018 and indicated that there was a similar incident occurring approximately 2 weeks ago, where resident had feces on his hands, however, this was not documented nor addressed to Charge Nurse. As this was the first incident of this nature, the CNAs cleaned resident and made him comfortable.</p> <p>On 10/11/2018 a care plan was developed to address this matter to include reporting, monitoring, and documentation of any possible future incidences. A bowel and bladder assessment was initiated on 10/11/2018 to determine if resident would benefit from bowel and bladder retraining as per facility P/P and will be monitored for 3 days. Revision to the facility P/P will be completed by 10/20/2018 to incorporate resident centered care approaches. (9/27/2018 thru 10/20/18 & ongoing)</p> <p>Social Services assessment conducted did not identify any mood or behavioral issues/concerns with resident.</p> <p>On 9/27-28/2018, huddles were held with all direct care and licensed staff regarding the need to assure timely rounds to check on residents to ensure timely care and services are provided, to provide quality and appropriate oral care for all residents,</p>	
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4 136	Continued From page 3 the whole room and surrounding hallway of the Diamond wing of the facility. After 30 minutes, observations were reconducted on R 25 who was found in the same state as initially observed and no one had attended to his ADL's and cleaned R 25. On 09/26/2018, R 25's medical record was reviewed and there was a care plan in place for R 25's ADL's, stating that R 25 required full assistance with all areas of care.	4 136	and document all provision of care. (9/27-28/18) To ensure that the deficient practice does not recur, the following will be conducted: -Training on oral hygiene will be conducted to ensure the provision of consistent, quality oral care. (11/13-14/18) -Training on incontinence and appropriate skin care to be provided. (11/13-14/18) - Ongoing monitoring and evaluation of staff competency in the provision of care in all areas, including but not limited to, oral hygiene, incontinence/ skin care will be conducted by QA RN. (9/28/2018 & ongoing) - Training of all staff will be conducted on 11/13/18 <input type="checkbox"/> 11/14/18 to ensure all are informed of the Plan of Correction and expectations of staff. (11/13-14/18) Ongoing monitoring and evaluation will be conducted by ADON and DON to ensure compliance with this requirement and addressed/discussed in QAPI meetings. (9/28/2018 & ongoing)	
4 149	11-94.1-39(b) Nursing services (b) Nursing services shall include but are not limited to the following: (1) A comprehensive nursing assessment of each resident and the development and implementation of a plan of care within five days of admission. The nursing plan of care shall be developed in conjunction with the physician's admission physical examination and initial orders. A nursing plan of care shall be	4 149		11/14/18

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4 149	<p>Continued From page 4</p> <p>integrated with an overall plan of care developed by an interdisciplinary team no later than the twenty- first day after, or simultaneously, with the initial interdisciplinary care plan conference;</p> <p>(2) Written nursing observations and summaries of the resident's status recorded, as appropriate, due to changes in the resident's condition, but no less than quarterly; and</p> <p>(3) Ongoing evaluation and monitoring of direct care staff to ensure quality resident care is provided.</p> <p>This Statute is not met as evidenced by: Based on Medical Record Reviews and Interviews, the facility failed to ensure that a care plan was in place for 1 resident receiving a psychotropic medication and another resident for their incontinence of bowel an bladder.</p> <p>Findings:</p> <p>1. A medical record review was conducted on 09/26/2018 for R 25. The Minimum Data Set (MDS) assessment review dated 07/06/2018 had marked in Section H (Bowel and Bladder), that R 25 was always incontinent for bladder and bowel. There was no care plan in place in R 25's medical record for being incontinent of bowel and bladder. This was verified by MDS Coordinator on 09/26/2018.</p> <p>2. A medical record review was conducted on 9/26/2018 for R 53. There was a physician's order present for Citalopram (antidepressant medication) 10mgs, to be given orally daily for agitation and combativeness. No care plan for the</p>	4 149	<p>Nuuanu Hale is committed to ensure that comprehensive care plans are developed for all residents that describe services to be provided to residents to attain or maintain the resident's highest practicable physical, mental, psychosocial well-being.</p> <p>For Resident #25, Plan of Care was reviewed and revised on 9/27/2018, to more clearly include care and services to be provided to resident as relating to resident's incontinence which was indicated as a potential for skin breakdown as well as in his ADL care plan relating to his self-care deficits and clearly identify toileting needs as well as to ensure that timely care will be provided as needed to prevent any negative outcomes, discomfort of resident and assure resident dignity. (9/27/2018 thru 10/11/2018 & ongoing)</p>	

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4 149	Continued From page 5 use of Citalopram was found in R 53's medical record. Interview with RN 1 and MDS Coordinator verified that there was no care plan in place for the use of Citalopram for R 53.	4 149	<p>Plans of Care for all residents that also have incontinence issues were reviewed and revised as applicable on 9/27-28/2018. (9/27-28/18 & ongoing)</p> <p>For Resident #53, Plan of Care was reviewed and revised on 9/27/2018, to include the monitoring of the untoward effects that may occur due to Citalopram (antidepressant medication) use. Information for this medication is also readily available on MAR via the electronic medical record as needed during medication administration. (9/27/2018)</p> <p>Plans of care for all residents that also receive antipsychotic medications were reviewed and revised as applicable. (9/27-28/18 thru 10/15/18 & ongoing)</p> <p>To prevent this deficient practice from recurring audits of Plans of Care will be conducted by QA RN immediately after development of residents Plans of Care and as changes in residents occur. Reviews will also be conducted prior to and immediately following Plan of Care meetings. (9/27/2018 and ongoing)</p> <p>Huddles were held on 9/27-28/2018 with all licensed staff regarding the importance of ensuring that comprehensive care plans need to be developed to ensure that residents receive the necessary care and services on a timely basis. (9/27-28/18)</p> <p>Training of all licensed staff was conducted to ensure that Comprehensive Plans of Care are developed to address</p>	

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4 149	Continued From page 6	4 149	<p>resident identified needs. (9/28/2018 & ongoing)</p> <p>Training will be held with all direct care staff to ensure that all are knowledgeable/aware of the changes made to the Plans of Care for applicable residents. (11/13-14/2018)</p> <p>24 hour report will also be amended to reflect that Plan of Care was revised to inform staff about updates made to resident plans of care based on changes/issues/concerns of residents. (10/11/18 & ongoing)</p> <p>Training of all staff will be conducted to ensure all are informed of the Plan of Correction and expectations of staff. (11/13-14/2018)</p> <p>Ongoing monitoring and evaluation will be conducted by QA RN, ADON and DON to ensure compliance with this requirement and discussed/addressed in QAPI meetings. (9/27/2018 and ongoing)</p>	
4 159	<p>11-94.1-41(a) Storage and handling of food</p> <p>(a) All food shall be procured, stored, prepared, distributed, and served under sanitary conditions.</p> <p>(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</p> <p>(2) Perishable foods shall be stored at the</p>	4 159		11/14/18

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4 159	<p>Continued From page 7</p> <p>proper temperatures to conserve nutritive value and prevent spoilage.</p> <p>This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure safe and sanitary processes were maintained for food preparation for one of one observed meal services. Specifically, the thermometer used to check food temperatures was not sanitized before checking food temperatures. Additionally, the temperature of rice and items heated in the microwave were not checked before being served to residents. Findings include:</p> <p>Findings included:</p> <p>Observation on 09/26/18 at 10:45 AM of the lunch meal service revealed Cook 1 had not sanitized the thermometer used to check the temperatures of the soup, sandwiches, and pureed items served at that meal. No sanitizing wipes to clean that thermometer were observed in the immediate area where food was being plated. Dietary Aide (DA) 1 had plated multiple trays of food prior to checking to ensure temperatures of the pureed food and chopped turkey sandwiches were within safe limits (41 degrees Fahrenheit or under). Bowls of ramen noodles ("saimin") were not checked for proper temperatures (at least 135 degrees Fahrenheit) prior to serving them to residents. White rice was taken out of a rice cooker, plated, and served without checking for proper temperature. Interview with Cook 1 at that time of observation revealed temperatures were to be taken prior to serving food. Review of the "Food Temperatures" log revealed there were no other temperatures documented</p>	4 159	<p>Nuuanu Hale is committed to ensure that food is stored, prepared and served under sanitary conditions.</p> <p>Training was conducted of all Food and Nutrition Services staff regarding the importance of maintaining appropriate temperatures of food and appropriate and correct sanitization of thermometer(s). (9/27/2018)</p> <p>Policy and procedure regarding temperature taking and sanitization of thermometer was developed on 10/1/2018 with staff training conducted. (10/3/2018)</p> <p>To prevent this deficient practice from recurring, -cooks will utilize the temperature log to document temperatures of food and to assure food is prepared and maintained at proper temperatures which will be reviewed by CDM Food and Nutrition Services Manager -cooks will check food temperatures at the time of preparation, during holding of food, and just prior to plating of food items -audits will be conducted of thermometer sanitization and appropriate temperature taking on a quarterly basis by CDM Food and Nutrition Services Manager. (9/27/2018 and ongoing)</p> <p>Training of all staff will be conducted to ensure all are informed of the Plan of</p>	

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4 159	Continued From page 8 for the foods listed above that had been observed being served. Interview on 09/27/18 at 09:33 AM with the Dietary Manager (DM) revealed there was no policy for how to properly take food temperatures. Training was done by word of mouth. There was no policy for sanitizing the thermometers before taking food temperatures. The DM stated staff had been nervous and should have sanitized the thermometer and taken all temperatures before serving food. She also stated they had sanitizing wipes were available for the thermometer. No policies regarding taking food temperatures had been available on 09/27/18 when requested during the survey.	4 159	Correction and expectations of staff. (11/13/18 & 11/14/18) Ongoing monitoring and evaluation will be conducted by CDM Food and Nutrition Services Manager through observations and by Administrator through review of all documentations on audits and observations conducted and discussed/addressed at QAPI meetings. (9/28/2018 & ongoing)	
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, interview, record review, and review of the facility's policy, the facility failed to ensure contact precautions were maintained for one of one sampled resident (Resident (R) 54) with an infection requiring contact precautions. Findings include: 1. Observation of R54's room on 09/26/18 at 07:17 AM, revealed a station with Personal Protective Equipment (PPE) including gowns,	4 203	Nuuanu Hale is committed to ensure maintenance of a safe, sanitary and comfortable environment and to help prevent the development and spread of disease and infection. CNA in question was retrained on the importance and purpose of use of PPE during contact isolation. (9/27/2018) Huddles held with all direct care and	11/14/18

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4 203	Continued From page 9 gloves, and masks outside her door. A sign stating to stop and see a nurse before entering was posted on the wall. Further observation at that time revealed Certified Nurse Aide (CNA) 1 entered R54's room without donning PPE. She then exited the room, put on a gown and gloves, and re-entered the room. She proceeded to assist R54 with her breakfast meal. CNA1 then removed the gown and gloves and exited the room. At 07:45 AM, CNA1 re-entered that room without donning PPE. Review of R54's "Face Sheet" revealed was admitted 03/28/12. She had diagnoses including methicillin resistant staph (MRSA) infection causing diseases classified elsewhere. Review of R54's "Physician Orders" revealed she had been put on contact precautions on 09/24/18. Review of R54's 09/24/18 "Resident Progress Notes" revealed a note stating her wound culture lab results had come back positive for MRSA infection and "contact precautions initiated." Notes dated, 09/25/18, revealed she had been transferred to a private room due to the MRSA infection. Observation on 09/26/18 at 01:00 PM of R54's room revealed staff from Pharmicare had arrived to perform a medical procedure for R54. Two randomly observed staff from that company stopped in front of the door, mentioned the contact precautions, then proceeded to enter R54's room without donning PPE. They then exited the room, put on gowns and gloves and re-entered the room. Interview on 09/26/18 at 08:00 AM with CNA1 revealed staff should gown and glove every time they enter a resident's room that is on contact precautions. Interview on 09/26/18 at 01:24 PM with Registered Nurse (RN) 1 revealed staff should gown and glove every time they work with a	4 203	licensed staff regarding the proper use of PPE and importance and purpose of PPE use as related to contact isolation and the Infection Prevention and Control process. (9/27-28/2018) To prevent this deficient practice from recurring, audits of staff competency in adherence to infection control practices especially as relating to appropriate use of PPE to be conducted by QA RN. (9/28/2018 & ongoing) Retraining of all staff on the importance of adherence to infection prevention and control practices and the proper use and procedure for donning and doffing PPE. (11/13-14/2018) Training of all staff will be conducted to ensure all are informed of the Plan of Correction and expectations of staff. (11/13-14/2018) Ongoing monitoring and evaluation will be conducted by QA RN, ADON and DON to ensure compliance with this requirement and addressed/discussed in QAPI meetings. (9/27/2018 and ongoing)	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2018
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NAME OF PROVIDER OR SUPPLIER NUUANU HALE	STREET ADDRESS, CITY, STATE, ZIP CODE 2900 PALI HIGHWAY HONOLULU, HI 96817
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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
4 203	<p>Continued From page 10</p> <p>resident that is on contact precautions. A mask should also be worn if working in close contact with a resident.</p> <p>Review of the facility's 2015 "Infection Control Transmission-Based Precautions" policy revealed "Healthcare personnel caring for residents on Contact Precautions should wear a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the resident's environment. Donning PPE before room entry and discarding before exiting the resident room is done to contain pathogens ..."</p> <p>Interview on 09/27/18 at 10:30 AM, the Director of Nursing (DON) stated that training was given to the facility staff on 9/18/18, 09/19/18, 09/20/18 and 09/21/18 regarding contact precautions. The DON stated it was the facility's expectation that the staff were to wash their hands, obtain the gown, mask and gloves and secure all ties before entering a room. When care was completed staff were to place all materials in the bin in the resident's room, wash hands, and leave the area. Staff were to use those transmission-based precautions before going into a resident's room that was on contact precautions.</p>	4 203		