Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125063	A. BUILDING: _____ B. WING _____	10/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
15 CRAIGSIDE	15 CRAIGSIDE PLACE HONOLULU, HI 96817

(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 re-licensure survey was conducted from 10/23/18 to 10/26/18. The facility census included 37 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, review of facility policy, and review of manufacturer recommendations, the facility failed to properly store three of five Soft-Fall Bedside Mats (mats) reviewed. As a result of this deficient practice, the facility put the safety and well-being of not only the residents, but the public and the staff at risk for accidents/tripping/falls. Findings Include: During an observation of 16 resident rooms (201A to 208B) on 10/25/18 at 10:30 AM, there were a total of 5 mats being used in these rooms. Two	4 136	15 Craigside is committed to ensure that residents, public, and staff will be safe from possible accidents due to fall mat storage. On 11/8/2018 the Interdisciplinary team reviewed all residents with fall mats to ensure that use of the fall mat was indeed needed for resident□s safety. The IDT reviewed each resident using a fall mat and confirmed use of a fall mat or mats were needed and thus stated use in each of those residents care plan.	11/16/18

Office of Health Care Assurance

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/16/18

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4 136	Continued From page 1 mats were properly placed along both sides of the bed in room 204B, as per manufacturer's instructions. However, a total of 3 mats, 1 mat for each room; 205B, 206B, and 207A, were not properly stored away, as per manufacturer's instruction. These mats were stored away either by leaning up against the wall or leaning up against a cabinet. These mats had the potential to end up on the floor, and thus, creating a risk for accidents/tripping/falls, etc. During staff interview with Registered Nurse (RN) 1, on 10/25/18 at 01:30 PM, RN1 acknowledged that all mats assigned to residents were being stored away, when not in use, by leaning up against the wall. RN1 was not aware of the manufacturer's recommendation for properly storing these mats. During discussion with the Administrator (Admin) on 10/25/18 at 1:50 PM, Admin reviewed the manufacturer instructions which stated "The one-piece mat is sized to fit under the bed for storage". Admin acknowledged that storing the mats by leaning it against the wall or cabinet had the potential for it to end up on the floor and creating a risk for accidents/tripping/falls.	4 136	On 11/8/2018 the IDT reviewed each resident□s room identified in the findings (205B, 206B and 207A) with improper storage and determined that there is sufficient space to allow for proper storage. Starting 11/8/2018 all fall mats in use will be stored in a manner that will ensure that a barrier is placed to prevent the potential for the mat to end up on the floor. 15 Craigside□s protocol on Fall Mats was updated on 11/8/2018 to include this preventative measure. (Please see attachment Beside Fall Mats) On 11/8/2018 the IDT reviewed each resident using a fall mat and confirmed use of the fall mat for resident□s safety. As of 11/8/2018 and ongoing, each fall mat that is used will be stored in a manner that will ensure that a barrier is placed to prevent the potential for the mat to end up on the floor. Effective 11/8/2018, all current and future use of fall mats will be stored in a manner that will ensure that a barrier is placed to prevent the potential for the mat to end up on the floor. On 11/14/2018, staff were trained on the new protocol for storage of fall mats. (Please see attached form Fall Protocol training) Effective 11/14/2018 and ongoing, monitoring will be completed by the IDT during weekly room audits of each resident room to ensure that if a fall mat is not in use, it will be stored in a manner that will ensure that a barrier is placed to	

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4 136	Continued From page 2	4 136	prevent the potential for the mat to end up on the floor. (Please see attachment Weekly Room Audit)	