

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2018
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NAME OF PROVIDER OR SUPPLIER CLARENCE TC CHING VILLAS AT ST FRANCIS	STREET ADDRESS, CITY, STATE, ZIP CODE 2230 LILIHA STREET HON, 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
4 000	Initial Comments A relicensing survey was conducted on October 30-November 2, 2018. The census on entering the facility was 99.	4 000		
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 participate in experimental research, and to formulate an advance directive; <input type="checkbox"/> This Statute is not met as evidenced by: Based on record review and interview with staff members, the facility did not ensure 8 of a sample size of 48 residents (Residents 50, 91, 156, 157, 307, 308, 313, and 316) were informed of the right to formulate an advance directive. The facility failed to document the residents' right to execute their advance directives were reviewed and for residents without an advance directives, were provided with information and assistance to execute an advance directive. Findings include: On 10/31/18 at 8:43 AM a record review was done for Resident (R)156. R156 was admitted to the facility on 10/23/2018 following a	4 118	1. Guest identified during the survey (50, 91, 156, 157, 307, 308, 313, and 316) were informed of their right to formulate an advance directive and provided information. Conversations regarding formulation of advance directives were documented on 11/1/18. 2. Social workers audited guests in-house at time of survey to ensure they were informed of their right to formulate an advance directive and discussions were documented by 11/2/18. 3. Social Services Department was in-serviced on 11/21/18 regarding required communication, assistance and documentation concerning a resident's	12/15/18

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

TITLE

(X6) DATE
11/21/18

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4 118	<p>Continued From page 1</p> <p>hospitalization. The review found no documentation of an advance directive or whether the resident wanted to formulate an advance directive.</p> <p>On 10/31/2018 at 7:34 AM a record review was done for Resident (R)157. On 10/13/2018, R157 was admitted to the facility from an acute facility. The review found no documentation of an advance directive or whether the resident wanted to formulate an advance directive.</p> <p>An interview was conducted with the Social Services Manager (SSM) and Social Worker on 10/31/18 at 1:43 PM. Queried what is the facility's process regarding advance directives. The staff members reported advance directives are reviewed upon admission then the admission staff member will inform social services whether the resident has an advance directive and if the resident would like to formulate an advance directive. The staff members were agreeable to review R156's and R157's record and provide documentation related to advance directive and provide a copy of the facility's policy and procedures.</p> <p>On 10/31/18 at 02:43 PM the SSM reported the residents' assigned social worker failed to document information regarding advance directives for R156 and R157. The SSM provided a copy of R156's POLST (Provider's Orders for Life-Sustaining Treatment). The POLST was prepared on 10/30/18.</p> <p>A review of the policy and procedures for advanced directives notes the following: "Social Services Director and/or the Facility Designee review Advanced Directives with the guest and responsible party when appropriate. Required</p>	4 118	<p>right to formulate an advance directive.</p> <p>4. HIM/designee will audit admissions routinely to ensure completion and documentation of advance directives conversations. Results of the audits will be referred to the QAA committee for review and follow-up as indicated.</p> <p>11/24/18</p>	

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4 118	<p>Continued From page 2</p> <p>documentation that the information related to the Guest Self-Determination Act has been presented to the family and then kept on file". The procedure also includes for Guests that have not executed an advance directive are asked if they would like to formulate an advance directive.</p> <p>On 10/30/2018 at 2:04 PM, a record review was done for Resident (R) 50. In particular, the admission notes were reviewed which found no documentation of an advance directive or whether the resident wanted to formulate one.</p> <p>On 10/31/2018 at 1:49 PM, further record review was done for R50 which found no follow up documentation of an advance directive or whether the resident wanted to formulate an advance directive.</p> <p>On 10/31/2018 9:20AM a record review found no documentation of a POLST or advanced directive for Resident (R)91, R307, R308 and 313. There was no documentation that advanced directives had been discussed or whether the resident wanted to formulate one.</p> <p>On 11/01/2018 09:16 AM a record review found a POLST, but no advance directive for R316. There was no documentation that advanced directives had been discussed or whether the resident wanted to formulate one.</p>	4 118		