STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125066	A. BUILDING: _____ B. WING _____	02/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KALAKAUA GARDENS	1723 KALAKAUA AVENUE HONOLULU, HI 96826

(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 conducted by the Office of Health Care Assurance (OHCA) on 02/05/19 - 02/08/19. The facility was found not to be in substantial compliance with Hawaii Administrative Rules, Chapter 11-94.1. Survey Dates: 02/05/19 - 02/08/19 Survey Census: 40 Sample Size: 22 Supplemental Residents: 1	4 000		
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 record review, staff interview, and review of policy, the facility failed to create and/or implement care plan interventions, related to two anticoagulant medications (Eliquis, and Xarelto), for two residents (Resident (R) 188, and 31) out of six residents selected for review. As a result of this deficient practice, the facility put R188, and R31 at risk for adverse outcomes related to the anticoagulant medications that they were taking. Findings Include: 1. During record review, R188 was noted to be prescribed Eliquis 5mg two times a day to prevent blood clotting. A review of Eliquis showed the following possible side effects: Easy bruising,	4 174	Tag 0174 - 11-94.1-43(b) Interdisciplinary care process (Skilled Nursing/Icf) • Resident R188 is no longer in the facility and R31 had care plan updated on 2/07/19 by Nursing to reflect possible side effects for anticoagulant medication. • All residents currently residing in the facility whom are receiving anticoagulants had their care plans audited and updated as appropriate to ensure potential medication side effects were included. • Training and education will be given to licensed nursing staff by the Director of Nursing by March 6, 2019 regarding the need to include the possible side effects of anticoagulants on the care plan.	3/7/19

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4 174	Continued From page 1 unusual bleeding or bleeding that won't stop including nosebleeds and bleeding gums, heavy menstrual periods, pink, brown, or red urine, black or bloody stools, coughing up blood, or vomit that looks like coffee grounds. During further review of the comprehensive care plan for R188, there was no mention of Eliquis and/or any interventions related to the possible side effects (as previously listed). On 02/08/19 at 10:00 AM, during staff interview with the Unit Manager (UM), UM acknowledged that no care plan and/or interventions was created for R188 in relation to the anti-coagulant medication Eliquis. UM said that they would look at it further. A review of the facility policy on Comprehensive Care Plans, stated the following: Purpose, to provide each resident with a person-centered, comprehensive care plan to address the resident's medical, nursing, physical, mental and psychosocial needs, Care plan will include; the services the facility will provide to assist the resident to attain or maintain the highest practicable physical, mental, and psychosocial well-being. As previously mentioned, no care plan and/or interventions was created for R188 in relation to the anti-coagulant medication Eliquis. 2. Record review on 02/06/19 at 12:59 PM revealed R31 had a prescription for Xarelto 15 mg. Prescription read Xarelto 15 mg by mouth one time a day for atrial fibrillation. Review of the care plan revealed no interventions for side effects of Xarelto. Xarelto is a blood thinner with the side effect of bleeding.	4 174	• Care plans will be reviewed by Director of Nursing /designee for residents admitting on anticoagulant medications as well as residents newly starting anticoagulant medication to ensure that possible side effects are included on the care plan weekly x 4 weeks and then monthly x 2 months. • DON or designee will report trends identified to QAPI team and will re-evaluate the need to continue monitoring and implement additional interventions as needed to ensure continued compliance. • Compliance will be achieved by 3/07/2019	

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4 203	Continued From page 2	4 203		
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 policy, the facility failed to clean the suction equipment/cannister for one (Resident (R) 15) of the eight residents reviewed. This deficient practice put the residents at risk for the development and transmission of communicable diseases and infections. Findings Include: During an observation of the suction equipment in R15's room, on 02/07/19 at 09:35 AM, the suction equipment/cannister contained approximately 10cc of red contents (appeared to be blood). The same red contents was noted in the suction tubing as well. The resident was not in the room and there was no way to determine how long the contents had been there. Additionally, the cannister was marked with the date 02/17/18. During an observation of the same suction equipment on the next day 02/08/19 at 09:00 AM, the red contents previously found in the cannister and also in the suction tubing remained. The date marked on the cannister also remained the same 02/17/18. After inquiring with the Director of Nursing (DON),	4 203	Tag 0203 - 11-94.1-53(a) Infection Control (Skilled Nursing Icf) Resident # 15 had the suction equipment/canister changed on 2/08/19 by Director of Nursing Visual audit was completed on 2/8/19 by Director of Nursing of all resident rooms to ensure suction equipment/canister were changed after use. No further findings. • Training and education of licensed nurses was completed by the Director of Nursing on 2/21/19 and 2/22/19 regarding the changing of the suction equipment/canister after use. • DON/Designee will conduct weekly rounds in resident rooms to ensure that the suction equipment/canister has been replaced after use weekly x4 weeks and monthly x2 months. Any findings will be corrected immediately, and report will be submitted to the Administrator and/or Director of Nursing for review, validation and immediate resolution. • DON or designee will report trends identified to QAPI team and will re-evaluate the need to continue monitoring and implement additional	3/7/19

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4 203	Continued From page 3 on 02/08/19 at 09:40 AM, to provide the related facility policy, DON provided a Nursing Services Policy and Procedure on Suctioning the Upper Airway. This policy stated the following: Empty and rinse collection container if necessary or as indicated by facility protocol. During staff interview with the Unit Manager (UM) on 02/08/19 at 09:45 AM, UM did not know how long the red contents had been there. UM further acknowledged that the red contents should have been properly disposed of and the suction equipment/cannister replaced.	4 203	interventions as needed to ensure continued compliance. • Compliance will be achieved by 3/07/2019	