Hawaii Dept. of Health, Office of Health Care Assuranc

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HI03ADHC007	A. BUILDING: _____ B. WING _____	01/20/2017

RECEIVED
2017 FEB 13 P 1:57
STATE OF HAWAII
OFFICE OF HEALTH CARE

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KAUAI ADULT DAY HEALTH CENTER	2943 KRESS STREET LIHUE, HI 96766

(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
6 000	INITIAL COMMENTS A licensure survey was conducted on 1/20/17. At the time of the survey, the census was 61 with 21 clients in the adult day health program.	6 000		
6 028	11-96-9(a)(1) CLIENT'S RIGHTS Written policies regarding the rights and responsibilities of clients during their stay in the center shall be established and shall be made available to the client, to any guardian, next of kin, sponsoring agency or representative payee, and to the public. The center's policies and procedures shall provide that each individual admitted to the center shall: Be fully informed, as evidenced by the client's written signed acknowledgement prior to or at the time of admission, of these rights and of all rules governing client conduct; This Statute is not met as evidenced by: Based on record review and interview with staff member, the facility failed to ensure documentation of receipt of resident rights were provided for 1 of 5 clients. Finding includes: A record review done on the morning of 1/20/17 found Client #2 was admitted to the facility on 7/4/16. A review of the client's documentation found the client's admission form was not checked to indicate the client received a copy of their rights. There was no "x" mark. Interview and concurrent record review was done	6 028	I. Regarding Client # 5, the responsible party was called and notified of the deficiency in client's record. Client received a copy of the "Client's Rights" and "Client Responsibility's" on 6/30/16. Client's responsible party signed receipt of "Client's Rights" and "Client Responsibility's" on 1/23/17. II. An audit of all current client charts was conducted for documentation of receipt of client's rights and responsibilities. All charts with missing information is noted and all clients and/or client's responsible party will be contacted to confirm that clients rights and responsibilities were received. III. All clients receive an admission packet which includes the client's rights and responsibilities. The client Admission Checklist form will be updated to include language that clearly identifies that the client and responsible party is in receipt and understands the Client's Rights and Responsibilities that is inclusive with the admission packet. Appropriate staff will be in-serviced on new Admission Checklist form. IV. All new admission charts will be checked 72 hours after admission. New admission charts will be checked monthly x2 then as needed thereafter. Results of audit findings will be reviewed by the program administrator. Responsible Party: Program Director and/or Designee	01/23/2017 02/15/2017 02/15/2017 02/17/2017

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Administrator 2.10.17

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6 028	Continued From page 1 with the Administrator on 1/20/17 at 10:15 A.M. The Administer confirmed the admission form did not document that Client #2 received a copy of the client rights.	6 028		
6 053	11-96-10(e) DIETETIC SERVICES A nutritional assessment and diet plan for each client shall be completed or recorded in the health record by the physician or dietitian. The plan should be incorporated in the overall plan of care and reviewed as necessary. This Statute is not met as evidenced by: Based on observation, record review and interview with staff members, the facility failed to ensure for 2 (Clients #1 and #5) of 5 clients in the sample that a nutritional assessment was completed and the diet plan of care was recorded in the client's record. Findings include: 1) On the morning of 1/20/17 a record review was done for Client #1. Client #1 was admitted to the facility on 10/5/16. Diagnoses include: chronic kidney disease, Stage 4; congestive heart failure; and diabetes with poly neuropathy. The record review found no documentation of a nutritional assessment; however, the client's care plan goals are to consume 90-100% of the lunch meal and maintain her present weight. On 1/29/17 at 10:19 A.M. concurrent record review and interview was conducted with the Administrator. The Administrator confirmed a nutritional assessment was not done. The Administrator reported a nutritional assessment is required upon admission and quarterly.	6 053	I. Upon notification facility scheduled and completed a nutritional assessment for Client #1 and the care plan for Client # 5 was updated and reviewed with the registered dietitian. II. Audits were done for all clients for documentation of a nutritional assessment. All charts with missing admission nutritional assessments are noted and a nutritional assessment will be completed. Audits will be conducted for nutritional assessments for all clients monthly x2 months then as needed. The registered dietitian and day health specialist will be in-serviced on dietary needs being incorporated into the client's overall plan of care. III. The facility will update its policy and procedure regarding nutrition services to include a timeframe for new admissions from which the registered dietitian will complete a nutritional assessment. The registered dietitian and day health specialist will be in-serviced on the new policy. IV. Audits will be done for all clients for documentation of nutritional assessments and incorporation of nutritional needs in client's overall plan of care. Audits will be conducted for all clients monthly x2 then as needed. Responsible Party: Day Health Specialist and/or Designee	02/17/2017 02/17/2017 02/17/2017 02/17/2017

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6 053	Continued From page 2 2) On the morning of 1/20/17 observed a can of thickening powder labelled with Client #5's name. A record review was done for Client #5. Client #5 was admitted to the facility on 4/1/15. Further review found a nutritional assessment dated 5/23/16 documenting Client #5 needs thickened water. Interview and concurrent record review with the Administrator was done on 1/20/17 at 12:40 P.M. The Administrator reported Client #5 requires thickened liquids. The Administrator confirmed the nutritional assessment dated 5/23/16 indicates Client #5 required thickened water; however, this dietary need was not incorporated into the client's overall plan of care. The Administrator also reported the dietitian does not participate in the care plan meetings. On 1/20/17 at 10:24 A.M. the facility provided a copy of the policy and procedure for "Nutrition Services". The policy notes the following: all clients will be screened for nutrition needs upon admission and at least quarterly by a registered dietitian; and an assessment will be completed and a care plan will be developed with the dietitian and multidisciplinary team for all clients requiring nutritional services.	6 053		
6 060	11-96-10(h) DIETETIC SERVICES Food shall be served under sanitary conditions, and shall be in a form consistent with the needs of the client and the client's ability to consume it. This Statute is not met as evidenced by: Based on observation and interview with staff	6 060	I. No clients were found to be affected by this deficient practice. II. No clients were found to be affected by this deficient practice. III. Upon notification all staff were in-serviced on infection control when using gloves and serving food. Continued on page 4	02/07/2017 02/07/2017 02/07/2017

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6 060	Continued From page 3 members, the facility failed to ensure food is served under sanitary conditions. Findings include: On 1/20/17 at 11:15 A.M. observed a staff member assisting clients with hand sanitization prior to lunch. The staff member was wearing food service gloves, put a drop of hand sanitizer in the client's hand then assisted the client (hand over hand) to sanitize their hands. The staff member removed the gloves, hand sanitized then went to a ziploc bag which was placed on the table, opened the bag and removed another pair of food service gloves from a cardboard envelop and donned a new pair of gloves. At 11:20 A.M. a staff member was observed to remove the gloves, hand sanitize then open the ziploc bag on the table and remove a pair of food service gloves from a cardboard envelop and don these gloves. On the afternoon of 1/20/17 these observations were shared with the Administrator and staff member. The staff member questioned why the gloves are in a ziploc bag which requires staff members to open the ziploc bag after hand sanitizing and noted the bag may not be clean sitting on the table with staff members opening and closing the bag. The staff member reported the facility will look at the system.	6 060	Continued from page 3 IV. The procedure for donning gloves before serving and preparing food will be updated so that gloves are stored in its original package in a separate free standing container in a designated area. Staff will wash hands and immediately retrieve gloves from the open container and don gloves without touching any other surface. The container will stand in its designated area until food service is completed. When food service is completed, the container will be stored. Audits will be done 2x/month during lunch service for proper donning and removal of gloves for 2 months. Audit findings will be reviewed by the program administrator. Responsible Party: Day Health Specialist and/or Designee	02/07/2017
6 119	11-96-19(c)(5) GOVERNING BODY AND MANAGEMENT There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These	6 119	I. Upon notification the new employee was on leave of absence until a two-step Mantoux tuberculin skin test was completed as stated in the facility's policy and procedure. The new employee returned to work on 2/1/17 with documented evidence of a negative two-step test. Continued on page 5	02/01/2017

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6 119	Continued From page 4 evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a client. Each health evaluation shall include a tuberculin skin test or a chest x-ray; This Statute is not met as evidenced by: Based on record review and interview with staff member, the facility failed to ensure two-step tuberculin skin test of a chest x-ray was done for a new employee prior to hiring date. Finding includes: A request was made for the names of newly employed staff members over the past six months for random sample selection. The facility provided the name of a staff member with a hire date of 6/1/16. A review of the documentation provided by the facility on 1/20/17 found the new staff member was hired on 11/1/16 (previous hire date was changed on the form). At 10:23 A.M. the staff member provided documentation of the health record for the new employee. The staff member reported the new staff member did not have a two step within the year of the hire date. The staff member stated the facility is not in compliance as the new employee did not have a two step tuberculin skin test within the year of the hire date. The staff member further reported the two step was done on 4/6/15 and 4/21/15 which was not done within the year of the employee's hire date. The facility provided the policy and procedure for "Tuberculosis Screening for Residents and Employees" on 1/20/17 at 11:11 A.M. The procedure notes the following: only a single negative skin test for the Entry TB evaluation is required if there is documented evidence of a	6 119	Continued from page 4 II. No other employees were found to be deficient. III. A spreadsheet was initiated for tracking employee health records compliance and will be updated and monitored on a routine basis. IV. All new employee health records will be audited for tuberculosis screening pursuant to the facility's policy and procedure monthly x2 then as needed thereafter. Results of audit findings will be reviewed by the program administrator. Responsible Party: Program Director and/or Designee	02/08/2017 02/08/2017 02/15/2017

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6 119	Continued From page 5 negative tuberculin skin test within the previous 12 months, or documented evidence of a prior negative two-step test.	6 119		