

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2019
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NAME OF PROVIDER OR SUPPLIER ANN PEARL NURSING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 45-181 WAIKALUA ROAD KANE OHE, HI 96744
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4 000	Initial Comments A re-licensure survey was conducted on 03/05/19 to 03/08/19. The facility reported census was 66 residents at the time of entrance.	4 000		
4 105	<p>11-94.1-22(g) Medical record system</p> <p>(g) All entries in a resident's record shall be:</p> <p>(1) Accurate and complete;</p> <p>(2) Legible and typed or written in black or blue ink;</p> <p>(3) Dated;</p> <p>(4) Authenticated by signature and title of the individual making the entry; and</p> <p>(5) Written completely without the use of abbreviations except for those abbreviations approved by a medical consultant or the medical doctor.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review the facility failed to accurately document R8's end of life wishes and code status. The Physicians order for life sustaining treatment (POLST) states Do not resuscitate although she is listed as a full code.</p> <p>Findings Include:</p> <p>On 03/05/19 at 10:30 AM during an observation, R8 was lying in bed awake with her eyes open and unresponsive to voice.</p>	4 105	<p>This plan of correction constitutes our written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.</p> <p>4105</p> <p>Resident #R8 POLST was updated in the</p>	4/19/19

Office of Health Care Assurance LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/03/19
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4 105	<p>Continued From page 1</p> <p>On 03/05/19 at 10:38 AM during an interview with staff, (S)59 stated that R8 use to be better and was able to talk. Something happened to her and when she came back to the facility she was more unresponsive.</p> <p>On 03/05/19 at 04:00 PM during an interview with R8's husband (F1), he stated two weeks ago the nurse called me to come see my wife because she was not doing well. When I got to the facility the nurses said they were going to let her go because she is on hospice. I was very upset since I didn't know this, so I called an ambulance for her and she went to the hospital. I told the nurses to change her code status to full code and take her off hospice.</p> <p>Medical records revealed:</p> <ol style="list-style-type: none"> 1. A Physician's order for life sustaining treatment (POLST) dated 10/22/18 signed by R8 that states "Limited additional interventions do not attempt resuscitation (DNAR) (Allow natural death). No artificial nutrition by tube." 2. Physician order dated 02/22/19 ordered R8 a full code (provide all resuscitation measures). <p>During an interview with the social worker (SW) on 03/07/19 at 08:20 AM stated R8's POLST should have been changed back to full code when she came back into the facility on 02/22/19, after hospitalization. R8 previously made the decision to be hospice because she was being sent out of the facility for wound care every week and decided she did not want to go to the wound care clinic anymore. R8 was given information about hospice and she made the decision to be on hospice and changed her POLST to DNAR. R8 was also offered information about advanced health care directives and declined. Before the last hospitalization she could speak and</p>	4 105	<p>record on March 14, 2019, after physician's review and signature.</p> <p>An audit of residents' POLST forms was conducted and appropriate follow up initiated based on audit results.</p> <p>In-servicing will be conducted with Social Services regarding accurately documenting end of life wishes and code status in the medical record. In-service training provided to Interdisciplinary team and HIM on the POLST process.</p> <p>Social Worker or designee will complete weekly audits for a month, then monthly for a quarter, of residents' medical records to ensure updated POLST in medical record. Results of audits will be documented and presented to the Quality Assurance Performance Improvement Committee quarterly for outcomes review and follow up as indicated.</p>	

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4 105	<p>Continued From page 2</p> <p>understand. R8's Brief Interview for Mental Status (BIMS) was 15, she was self-responsible, alert, and could make her own decisions. On 02/11/19 she was declining with a very low blood pressure. We called F1 to come in. F1 came and was upset she was on hospice and that no heroic measures were being taken to save her, so he called 911. R8 was able to verbalize her wishes to go to the hospital and was taken there by ambulance. F1 changed her code status to full code and signed an order to revoke her hospice. When R8 came back to the facility, her BIMS score had declined to 10 and she was unresponsive, so the decision maker would be F1.</p> <p>During a meeting with the Administrator and Director of Nursing (DON) on 03/07/19 at 09:43 AM, validated that R8's POLST was not updated at the time she was readmitted to the facility. If R8's condition declines, the facility staff will refer to the medical record and treat her as a full code per the Physicians orders dated 02/22/19.</p>	4 105		
4 149	<p>11-94.1-39(b) Nursing services</p> <p>(b) Nursing services shall include but are not limited to the following:</p> <p>(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 integrated with an overall plan of care developed by an interdisciplinary team no later than the twenty- first day after, or simultaneously,</p>	4 149		4/19/19

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4 149	<p>Continued From page 3</p> <p>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 interview and record review (RR), the Resident (R) assessments quarterly assessments were not completed timely for R1, R2, R3, and R4.</p> <p>Findings Include:</p> <p>1. Medical record for R2 reviewed. The most recent quarterly assessment dated 07/15/18 was found in the MDS tab and reviewed. The annual assessment due 01/15/19 not found in the medical record. Requested a copy or annual assessment from the Administrator at 12:30PM. Reviewed Social services notes dated 01/01/19 to present, no documentation found. During an interview with the Administrator on 03/08/19 at 12:47PM who validated that it was not completed stating that she asked the MDS coordinator and she doesn't have it.</p> <p>2. RR for R1 revealed the last quarterly assessment was dated 10/20/18.</p> <p>3. RR for R3 revealed the last quarterly assessment was dated 10/20/18.</p>	4 149	<p>4149</p> <p>Quarterly assessments for residents <input type="checkbox"/> #R1, R2, R3, and R4, were completed and submitted on March 26, 2019.</p> <p>An audit was completed to ensure all other residents <input type="checkbox"/> quarterly assessments were completed timely and appropriate follow up initiated based on audit results.</p> <p>MDS Coordinator and DON were in-serviced on the RAI Schedule and the scheduling process.</p> <p>Director of Nursing or designee will conduct monthly audits for three months of quarterly assessments due. Results of audits will be documented and presented to the Quality Assurance Performance Improvement Committee quarterly for outcomes review and follow up as indicated.</p>	

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4 149	Continued From page 4 4. RR for R4 revealed the last quarterly assessment was dated 10/27/18. 5. During an interview with the Administrator on 03/08/19 at 12:47PM, it was validated the assessments were over due.	4 149		
4 185	11-94.1-46(b) Pharmaceutical services (b) A facility shall have a current pharmacy policy manual consistent with current pharmaceutical practices developed and approved by the pharmacist, medical director/medical advisor, and director of nursing that: (1) Includes policies and procedures, and defines the functions and responsibilities relating to pharmacy services, including the safe administration and handling of all drugs and self-administration of drugs. Policies and procedures shall include pharmacy functions and responsibilities, formulary, storage, administration, documentation, verbal and telephone orders, authorized personnel, recordkeeping, and disposal of drugs; (2) Is reviewed at least every two years and revised as necessary to keep abreast of current developments in overall drug usage; and (3) Has a drug recall procedure that can be readily implemented. This Statute is not met as evidenced by: Based on interviews and record reviews, the facility failed to act timely to allow one Resident (R)14 to exercise his right to self-administer pain medication after the interdisciplinary team (IDT)	4 185	4185 Medication was obtained and made available for resident #R14, to take his	4/19/19

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4 185	<p>Continued From page 5</p> <p>determined that it was clinically appropriate. This deficient practice has the potential to affect other clinically appropriate residents to exercise their right to self-administer medication.</p> <p>Findings Include:</p> <p>On 03/06/19 at 04:57PM, during an interview with R14, he stated, "I have long days at school and want to take my PRN (as needed) pain medication with me to school so I can take it there. MD agreed and already approved it last month. They assessed that I knew the name of the medication and everything. I met with the Director of Nursing (DON) in her office." Asked what the medication was and R14 said, "Oxycodone (pain medication). They told me that the insurance wouldn't cover another 30 pills and it was too early. I'm not sure what the delay is but think it's something with the pharmacy."</p> <p>On 03/07/19 at 07:31AM, during an interview with DON, she stated, "There's been some setbacks with R14's request. We requested the pharmacy to send packets of one or two tabs (of pain medication Oxycodone), rather than a package of 30 (how the medication is usually packaged). We did an assessment with him as well. What we have been doing is medicating him prior to going to school. I followed up with the pharmacy and they said there was a misunderstanding. Whoever read the request how to package it, read it wrong and they did not send it correctly. I educated him already about side effects and he can verbalize understanding. He would report back to us when he returned from school to document if he took the medication. I'm going to follow up with what potential options are. If he needs it, we need to make sure he's not in pain. Goal was to start it this month."</p>	4 185	<p>medication with him when leaving facility on pass.</p> <p>An audit of in-house residents who are capable of self-administering medication and routinely go out on pass was conducted. Results did not indicate any other residents were affected.</p> <p>Self Administration by Resident Policy will be reviewed and revised as indicated. Interdisciplinary Team and licensed nursing staff will be in-serviced on Residents <input type="checkbox"/> Rights to self-administer medication and process for residents who request to self-administer meds.</p> <p>Director of Nursing or designee will conduct weekly audits for two weeks, and then monthly for a quarter of residents who go out on pass to determine need to self-administer their medications. Results of the audits will be presented to the Quality Assurance Performance Improvement Committee quarterly for review and follow-up as indicated.</p>	

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4 185	<p>Continued From page 6</p> <p>Review of R14's records revealed the following:</p> <ol style="list-style-type: none"> 1. Medication order for pain was, " Oxycodone 30 mg (60 mg) tablet Every Four Hours Starting 11/17/18." 2. 01/14/19 Nursing note entry: "Resident verbalizing that his pain medication is not effective through longer periods. Resident leaves facility Monday through Thursday for classes at local community college around 0800 until 1400. Resident concerned that by 1200 he is already starting to feel pain and achiness start to build up in his body. Resident requesting to be able to take his PRN (as needed) narcotic with him to school and self-administer at the time due (scheduled PRN Q (every) 4 hours). Resident on a long acting pain medication as well as PRN immediately before leaving for school in the morning. Resident states it still doesn't manage his pain though the school day and he needs to take another pill but doesn't have it available while in school. Unit CN (Charge Nurse) updated on resident statements and to follow up with MD. Resident adamant that he would only take it when time was due. Resident agreeable to wait for a physical assessment and 1:1 with MD." 3. 01/29/19 a Self-Administration of medications consent and assessment form was signed by R14 and the DON. The form includes: informed consent, assessment of Resident's cognitive, physical, and visual ability to self-administer, and determination of resident's ability to self-medicate. The form indicated, "The Interdisciplinary Team has determined that: The resident can safely self-medicate and should be allowed to exercise this right." 4. 03/07/19 Nursing note, "MD in facility. Gave new order: okay to take oxycodone packet (30 pills or less) to school with him due to reordering issue with pharmacy. Order carried out." 	4 185		

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4 185	<p>Continued From page 7</p> <p>Reviewed the facility Admission Agreement, which included the statement, "The Resident has the right to self-administer medications."</p> <p>Reviewed facility policy, "Self-administration by Resident." Policy statement reads, "Residents who desire to self-administer medications are permitted to do so with a prescribers order and if the nursing care center's interdisciplinary team has determined that the practice would be safe, and the medications are appropriate for self-administration."</p> <p>01/14/19 R14 made a request to the facility to exercise his right to self-administer pain medication while he was off site at school. On 01/29/19 R14 was assessed, and IDT determined he could safely administer the medication. At the time of survey 03/07/19, the facility had not yet established the process to provide R14 with the pain medication to self-adminster his pain medication while he was at school.</p>	4 185		