

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/11/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ARCADIA RETIREMENT RESIDENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1434 PUNAHOU STREET HONOLULU, HI 96822</b>
---	--

(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 by the Office of Health Care Assurance on April 8, 2019 through April 11, 2019. A census of 73 was reported when the surveyors entered the facility.	4 000		
4 160	11-94.1-41(b) Storage and handling of food  (b) Effective procedures to promptly and consistently clean all equipment and work areas shall be enforced.  This Statute is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure food safety was maintained. The food line preparation area was not free of dust. Because of this deficient practice, there was potential of contamination via dust to the food, that could result in foodborne illness to all residents, and others who were served meals from the food line.  Findings Include:  1.On 04/10/19 at 10:58 AM, during a visit to the kitchen, observed a large amount of dust on an electrical power box, and electrical cords located on the top shelf above the food line. The pole adjacent to the shelf had dust on it, and one of the two oven vents that faced the food line was dirty. 2.On 04/10/19 at 12:50 PM, during an interview with the Food Services Supervisor (FSS), he said the facility had a contract with an outside vendor for cleaning some areas of the kitchen. The FSS said the vendor had recently changed staff assigned to the facility, and that he had reviewed the expectations of cleaning with the assigned employee. The FSS agreed the oven vent and	4 160	On the evening of 4/10/19 the contractor was contacted and came to the facility to clean all affected areas in the kitchen.  All residents in the facility have the potential to be affected by the same deficient practice because there is potential of contamination via dust to the food that could result in foodborne illness to all residents, and to others who were served meals from the food line. On the evening of 4/10/19 the Contractor was contacted and came to the facility to clean all affected areas in the kitchen.  Measures and systemic changes that will be implemented to ensure this deficient practice does not recur are: All dining and health care staff were in-serviced by 5/2/19 on food safety and process in which the kitchen will be cleaned. (See attached dining staff in-service syllabus and sign-in sheets)  On 4/10/19 the Director of Dining Services/ Executive Chef talked with	5/2/19

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

TITLE

(X6) DATE

Electronically Signed

05/02/19

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/11/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ARCADIA RETIREMENT RESIDENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1434 PUNAHOU STREET HONOLULU, HI 96822</b>
---	--

(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
4 160	<p>Continued From page 1</p> <p>dust located near the food line needed to be cleaned. At the time of the survey, the FSS was not able to provide documentation when the vendor last cleaned these areas. The FSS was asked if he knew when they had last been cleaned, and he replied, "No."</p> <p>3.Review of the vendor contract, "Customized Service Plan and Proposal", dated November 14, 2014, Exhibit A, " Vendor services and how often they will be done at your facility," revealed the vendor would do the following: "...Dust all high and low vertical and horizontal surfaces and corners not cleaned in the normal dusting, ...1 times [sic] per month, and "Clean oven ...to remove visible soil, clean inside and out... As trained &amp; directed to by Chef...1 times [sic] per month."</p> <p>Dust is a physical source of contamination that may inadvertently fall in the food on the tray line and could potentially cause a foodborne illness. Nursing home residents' risk serious complications from foodborne illness because of their compromised health status.</p>	4 160	<p>contractor to reestablish expectations of services. On 5/1/19 contractor will continue routine cleaning and complete cleaning checklist at the completion of services and weekly audit will be completed by Sous Chef or designee to ensure areas are appropriately cleaned by contractor.</p> <p>The facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur by:</p> <p>Findings from weekly cleaning audits will be monitored and analyzed by Director of Dining Services/Executive Chef or designee and results will be reported at quarterly QA.</p>	
4 243	<p>11-94.1-64(a) Engineering and maintenance</p> <p>(a) The facility shall maintain all essential mechanical, electrical, and resident care equipment in safe operating condition.</p> <p>This Statute is not met as evidenced by: Based on observations, staff interview, review of instruction manual, and review of policy and procedures, the facility failed to identify the following potential accident hazards. 1. A electrical power strip should not have been used with medical devices, and 2. An electrical panel box was not properly secured. As a result of this</p>	4 243	<p>On 4/10/19 <input type="checkbox"/>Environmental Services Supervisor immediately removed the electrical power strip and plugged the medical devices directly in to the wall outlet for R58.</p> <p>All residents in the facility had the potential</p>	5/2/19

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/11/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ARCADIA RETIREMENT RESIDENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1434 PUNAHOU STREET HONOLULU, HI 96822</b>
---	--

(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
4 243	<p>Continued From page 2</p> <p>deficient practice, the facility put the safety and well-being of the residents as well as the public at risk for accident hazards.</p> <p>Findings Include:</p> <p>1. During an observation of Resident (R) 58's room on 04/09/19 at 11:00 AM, two medical devices were plugged in to an electrical power strip instead of being plugged directly in to the wall outlet. The two devices were an air mattress pump, and the resident's bed. The electrical power strip was not marked with any labels and it was difficult to determine if the facility inspected it prior to use.</p> <p>During a second observation of R58's room, done with the Maintenance Supervisor (Supvr) on 04/10/19 at 11:56 AM, the Supvr acknowledged that the electrical power strip should not have been used with the medical devices. The Supvr immediately removed the electrical power strip and plugged the medical devices directly in to the wall outlet.</p> <p>A review of the instruction manuals for the resident bed and the air mattress pump revealed a "Warning: Possible Shock Hazard", ensure to unplug the power cord from the wall outlet before performing any maintenance, cleaning or service to the bed. It also states to plug the power cord into an electrical outlet before turning the main power switch on.</p> <p>A review of the facility policy titled "Electrical Safety for Residents" stated the following: Power strips shall not be used as a substitute for adequate electrical outlets in the facility. Power strips shall not be used with medical devices in resident-care areas.</p>	4 243	<p>to be affected by this deficient practice. On 4/26/19 AIT and Environmental Services Supervisor audited 100% of resident rooms to ensure medical equipment(s) were in compliance and plugged directly into wall outlet. (See 4/26/19 Power strip and Outlet Audit.)</p> <p>Measures and systemic changes that will be implemented to ensure this deficient practice does not recur are: All maintenance and health care staff were in-serviced by 5/2/19 on electrical safety to ensure that medical equipment is not plugged into power strips and to check if there are any changes with air mattresses. (See in-service material and Electrical Safety for Residents protocol.)</p> <p>On 4/26/19, AIT met with equipment contractor to review the process and confirmed that medical equipment will be plugged into wall outlet(s), not power strip(s).</p> <p>Monthly Safety Checklist has been updated to include inspecting power strips and verifying that medical devices are plugged directly into the wall outlet.(See Monthly Safety Checklist, page 2, for reference.)</p> <p>The facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur by: Monthly Safety Checklists will be completed by Facility maintenance technician(s) or designees to ensure medical equipment is plugged into wall</p>	

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/11/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ARCADIA RETIREMENT RESIDENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1434 PUNAHOU STREET HONOLULU, HI 96822</b>
---	--

(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
4 243	<p>Continued From page 3</p> <p>2. On 04/10/19 at 09:00 AM during an observation of the "Ewa" wing hallway on the second floor, the electrical panel box was not secured. There was a pad lock in place but that pad lock was not locked. No staff members were in the immediate vicinity to prevent any residents and/or visitors from accessing the box.</p> <p>During a second observation of the "Ewa" wing hallway on the second floor, done with the Maintenance Supervisor (Supvr) on 04/10/19 at 11:45 AM, the Supvr acknowledged that the electrical panel box supposed to be secured and the pad lock should have been locked. The Supvr inspected the panel and was unaware who may have left the pad lock unlocked. Supvr then locked the pad lock and secured the electrical panel.</p> <p>A review of facility procedure titled "Monthly Safety Checklist" stated the following: Lobby Lounge, Lights/Floors/Ceilings/Walls, Electrical panel box accessible, clearly visible, locked and has proper clearance ... Again, the electrical panel box pad lock was not locked.</p>	4 243	<p>outlets and not power strips. Findings from Monthly Safety Checklists will be tracked and trended, and monitored and analyzed through facility's QA program.</p> <p>On 4/10/19 when notified about the panel, Environmental Services Supervisor immediately locked pad lock and secured the electrical panel.</p> <p>All residents in the facility had the potential to be affected by this deficient practice by putting the safety and well-being of the residents, as well as the public at risk for accident hazards. On 4/10/19 Environmental Services Supervisor audited 100% of electrical panels in the facility to ensure pad locks were locked. (See 4/10/19 Electrical Panel Audit)</p> <p>Measures and systemic changes that will be implemented to ensure this deficient practice does not recur are: All staff were in-serviced by 5/2/19 on electrical safety to observe environment and ensure that pad locks on electrical panels are locked.(See Staff in-service syllabus and sign-in sheets)</p> <p>Beginning 5/1/19, electrical work verification audits will be conducted by Environmental Services Supervisor or designee upon completion of electrical work to ensure that Electrical Panels are secured appropriately.(See electrical work verification checklist)</p> <p>The facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not</p>	

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/11/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ARCADIA RETIREMENT RESIDENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1434 PUNAHOU STREET HONOLULU, HI 96822</b>
---	--

(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
4 243	Continued From page 4	4 243	recur by:  Findings from Electrical work verification audits will be monitored and analyzed by Environmental Services Supervisor or designee and will be tracked and trended through facility's QA program.	