

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2019
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NAME OF PROVIDER OR SUPPLIER HARRY AND JEANETTE WEINBERG CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 45-090 NAMOKU ST KANEHOE, HI 96744
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4 000	Initial Comments A re-licensure survey was completed on April 26, 2019. The facility reported census was 42 residents at time on entrance.	4 000		
4 088	11-94.1-16(a) Governing body and management (a) Each facility shall have an organized governing body, or designated persons functioning as the governing body, that has overall responsibility for the conduct of all activities. The facility shall maintain methods of administrative management that assure that the requirements of this section are met. This Statute is not met as evidenced by: Based on interview and review of Facility Assessment, the facility failed to have a comprehensive and detailed facility assessment of their resident population. The facility failed to have a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility assessment is updated as necessary and at least annually. This deficient practice has the potential to affect residents' ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including but not limited to, activities and food and nutritional services. Findings Include: On 04/24/19 at 06:50 AM, review of the Facility Assessment provided by the Administrator showed 11 pages of two-sided "Facility Assessment/Good Samaritan Society." Further review of said Facility Assessment revealed questions answered with "Yes, No, and N/A" along with a short narrative description for the	4 088	WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE? The Facility Assessment was completed on 12/31/2018 and included the requirements of this regulation. Supporting documents to the Facility Assessment have been printed and are available for viewing. HOW WILL OTHER RESIDENTS, HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE, BE IDENTIFIED? Residents residing in this facility prior to 5/16/19 had the potential to be affected by this deficiency. WHAT MEASURES WILL BE PUT INTO	6/10/19

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

TITLE

(X6) DATE
05/17/19

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4 088	<p>Continued From page 1</p> <p>answers. It was difficult to decipher from this Facility Assessment the breakdown of the resident population, resident diagnoses, resident needs, resources needed to care for these residents competently during day-to-day operations and emergencies.</p> <p>04/25/19 at 01:24 PM, interview with Administrator who stated they do a Facility Assessment through their corporation. The Administrator said it is a template that is used and the facility answers questions in the system. The Administrator stated she will attempt to gather all the Facility Assessment information from the system and provide them to the survey team. No further Facility Assessment information was provided to the survey team by the Administrator at the end of the survey.</p> <p>04/26/19 12:26 PM, spoke with Administrator who stated she understands what is needed in the Facility Assessment and what they have now doesn't show it and is not readily accessible. The Administrator stated she is in the process of improving the Facility Assessment.</p>	4 088	<p>PLACE, OR WHAT SYSTEMIC CHANGES WILL BE MADE, TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR?</p> <p>The Facility Assessment and related supporting documents will be printed upon annual completion. The Facility Assessment will be available for viewing in hard copy format.</p> <p>HOW WILL THE CORRECTIVE ACTION BE MONITORED TO ENSURE THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR?</p> <p>A focus audit was developed as a structured format to ensure that the most current resident assessment and related supportive documentation are available in printed form for review.</p> <p>This focus audit will be conducted by the Administrator or designee weekly for 4 weeks, monthly for 2 months, and quarterly for 3 quarters.</p>	
4 115	<p>11-94.1-27(4) Resident rights and facility practices</p> <p>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:</p>	4 115		6/10/19

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4 115	<p>Continued From page 2</p> <p>(4) The right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility;</p> <p>This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide four residents out four residents who require such services, consistent with the resident with the right to dignified existence, self determination, and communication with and access to persons and services inside the facility.</p> <p>Findings include:</p> <p>During the initial pool of the survey, an interview with Resident (R)32 was conducted on 04/23/19 at 09:19 AM who stated "I am getting physical therapy (PT) today but I did not know what time." "They just come and get me. I don't know what time. I would like to know." R32 further stated that she does not attend activities because she has PT twice a day. Interview with R136 and daughter in room as well. R136 stated that she does not know what time her PT is scheduled today and I can't plan my day? R136's daughter stated "we would like to know because I would like to be here for her therapy and she can plan her day and I can plan my day. Interview with R137 regarding her PT time and stated it would be good to know my schedule." Interview with R134 stated "I think they do the schedule daily. They have the schedule and I don't know when my time is.</p> <p>Record review and concurrent interview with Physical therapy (PT)1 on 04/23/19 at 10:00. Surveyor obtained a schedule from PT1 who</p>	4 115	<p>WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?</p> <p>Resident #32 was discharged on 4/29/19 prior to receipt of 2567. Corrective action could not be taken for this resident.</p> <p>Resident #136 was discharged on 5/14/19 prior to receipt of identification. Corrective action could not be taken for this resident.</p> <p>Resident #134 was discharged on 4/26/19 prior to receipt of 2567. Corrective action could not be taken for this resident.</p> <p>For resident #137, written information specifying the anticipated approximate scheduled time of therapy services was provided starting 5/16/19.</p> <p>HOW WILL OTHER RESIDENTS, HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE, BE IDENTIFIED?</p> <p>A new process was developed where residents receiving inpatient rehabilitation services receive a form that specifies the anticipated approximate scheduled time of their rehabilitation service(s). This</p>	

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4 115	<p>Continued From page 3</p> <p>stated that the times can change depending on how the day goes.</p> <p>Interview on 04/26/19 at 11:00 with PT1 and discussed patient daily rehab schedule and concerns brought up by the residents. PT1 stated "we can figure something out to accommodate the residents.</p>	4 115	<p>process was implemented on 5/16/19.</p> <p>WHAT MEASURES WILL BE PUT INTO PLACE, OR WHAT SYSTEMIC CHANGES WILL BE MADE, TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR?</p> <p>An in-service was held by the rehabilitation manager on 5/15/19 to review the new form and related process for routinely informing residents of their scheduled rehabilitation services. Staff will be trained on this procedure by 6/10/19.</p> <p>HOW WILL THE CORRECTIVE ACTION BE MONITORED TO ENSURE THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR?</p> <p>A focus audit was developed as a structured format to review that residents receiving rehabilitation services are being notified of their therapy time.</p> <p>This focus audit will be conducted by the Administrator or designee weekly for 4weeks, monthly for 2 months, and quarterly for 3 quarters.</p> <p>The audit will be reviewed by the Quality Assurance Committee monthly for compliance, trends and recommendations as needed. The Quality Assurance Committee will use the Model for Improvement for any identified opportunities for improvement.</p>	

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4 175	Continued From page 4	4 175		
4 175	<p>11-94.1-43(c) Interdisciplinary care process</p> <p>(c) The overall plan of care shall be reviewed periodically by the interdisciplinary team to determine if goals have been met, if any changes are required to the overall plan of care, and as necessitated by changes in the resident's condition.</p> <p>This Statute is not met as evidenced by: Based on Observation, interviews, and record review (RR), the facility failed to timely revise and update the care plan of one of one resident (R30) sampled. R30's care plan was not revised with the most recent recommendations from Physical therapist (PT) and did not include a recent respiratory condition. As a result of this deficient practice, R30 was at risk of not meeting some of her targeted goals.</p> <p>Findings Include:</p> <p>1. R30 had diagnosis that included shortness of breath, cough and wheezing. She was observed to have a nebulizer at her bedside and had two physician orders related to respiratory care. ("oxygen per cannula as needed for shortness of breath or oxygen saturation < 90," and "Albuterol sulfate nebulization inhale orally via nebulizer as needed every six hours." RR of R30's care plan did not reveal any focus, goal or interventions related to her respiratory condition.</p> <p>2. On 04/23/19 at 10:00 AM, during an interview with R30, she said she was no longer getting PT, but "they gave me a paper with some exercises I should continue to do, but I can't do them by myself. "</p>	4 175	<p>WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?</p> <p>On 4/26/19, the Director of Nursing updated and revised resident #30's care plan with the most recent recommendations from the physical therapist.</p> <p>On 4/26/19, the MDS Coordinator updated and revised resident #30's care plan addressing resident's potential for altered respiratory status.</p> <p>HOW WILL OTHER RESIDENTS, HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE, BE IDENTIFIED?</p> <p>On 5/7/19, Director of Nursing and Rehab Manager reviewed current residents to ensure that each resident's care plan was updated and revised with the most recent recommendations from the therapists. No other residents were identified to have been affected by the</p>	6/10/19

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4 175	<p>Continued From page 5</p> <p>RR of R30's care plan dated 07/19/18 included, "Nursing rehab #1: In bed, assist with AROM (active range of motion) exercises to BLE (bilateral lower legs) x3 sets of 10 repetitions ..."</p> <p>RR revealed physician order dated 08/29/18 "continue skilled Pt services 1-2x wk. for 30 days ... and HEP (Home exercise program/restorative or maintenance program) instructions.</p> <p>On 04/25/19 at 12:09 PM, Certified Nursing Assistant (CNA1) documented exercises were completed with R30. During an interview with CNA1 on 04/25/19 at 01:21PM, she stated she had completed the leg exercises with R30. Asked if she was familiar with the instructions in the task and care plan and she replied, "Yes." CNA1 demonstrated how she completed the exercises while R30 was in her wheelchair this morning by doing "kicking out" exercises to BLE. CNA1 stated, "I think she (R30) has a instructions of what she's suppose to do, that may include flexion of her foot." Asked if CNA1 had seen any illustrations of exercises provided to R30, or been taught specifically what they were, and CNA1 replied. "No."</p> <p>04/25/19 at 03:41 PM an interview was conducted with PT2. Inquired what the process was to maintain range of motion and exercises to meet goals after a resident completes PT sessions, and how this is communicated to staff. PT2 stated, " ... I make a restorative nursing program (document outlining recommendations) to nursing staff. I give a copy to the DON (Director of Nursing) and put one in the binder in the nursing station." PT2 was not sure what the process was to educate staff or how these recommendations were incorporated into the care plan. PT2 said CNA's (Certified Nursing Assistants) have a task</p>	4 175	<p>cited deficiency.</p> <p>On 5/14/19, the Director of Nursing and Staff Development Nurse reviewed the plan of care for residents receiving respiratory treatment to ensure that the care plan addressed the resident's respiratory condition or potential for respiratory issues.</p> <p>WHAT MEASURES WILL BE PUT INTO PLACE, OR WHAT SYSTEMIC CHANGES WILL BE MADE, TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR?</p> <p>On 4/30/19, the Director of Nursing provided in-service training to the nursing staff on the importance of ensuring that respiratory conditions or risk for respiratory conditions are addressed in the resident's care plan.</p> <p>On 5/7/19, the Director of Nursing revised the resident exercise program form to enhance better communication between therapy and nursing departments and to accurately update residents care plan.</p> <p>HOW WILL THE CORRECTIVE ACTION BE MONITORED TO ENSURE THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR?</p> <p>A focus audit was developed to monitor timely revision and updates to resident care plans</p> <p>This focus audit will be conducted by the Director of Nursing or designee weekly for</p>	

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4 175	<p>Continued From page 6</p> <p>list generated in the computer what to do. PT2 obtained a copy of R30's "Nursing Care Plan: Restorative program" from the binder that was dated 09/28/19. PT2 said, " I usually include illustrations but forgot to attach them to the restorative program form." PT2 provided a copy of the illustrations of exercises she had given to R30 and said, "this is what I gave her and should be in the room. After review of the exercises and restorative program developed on 09/28/18, it revealed the exercises currently being provided to R30 were not the most recent exercises recommended by PT. Informed PT2 what was currently in the care plan, and task list for CNA's and what CNA1 had stated she did for exercises with R30 this am. PT2 stated, " I think the care plan still had the old ones and wasn't updated."</p> <p>04/26/19 at 08:37 AM during an interview with the DON, she stated, "We have a nursing rehab program. Once the resident is done with therapy, they recommend what exercises nursing should continue." DON stated either she or RN3 would get the copy of the restorative nursing program and put it in the care plan." When asked how staff are informed of updates or changes, DON said, "it's in the care plan and generates a task list in the computer for the CNA." DON provided the restorative care plan dated 09/28/19 for R30, which did not include the illustrations of exercises as discussed with PT2. The Restorative program form goal included, " HEP in bed, 2x daily. Illustrations in room (R30's room). Informed DON PT2 said she forgot to add the illustration of exercises to the binder. The current recommendation for exercises was as follows: "Gluteral squeeze, lower trunk rotation stretch, Heel slide, bridging for trunk stability and bent leg lift." All exercises were to be repeated "2x daily, complete 10 repetitions."</p>	4 175	<p>4 weeks, monthly for 2 months and quarterly for 3 quarters</p> <p>This audit will be reviewed by the Quality Assurance Committee monthly for compliance, trends and recommendations as needed. The Quality Assurance Committee will use the Model of Improvement for any identified opportunities for improvement.</p>	

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4 175	Continued From page 7 DON agreed the care plan and task list had not been updated with the new recommendations. The care plan must be reviewed and revised based on changing goals and needs of the resident in response to current interventions. R30's recommended exercises did not get incorporated into the care plan or task list for CNA's, so direct care staff were not aware of changes. Although R30's respiratory issues had resolved, it was not care planned when she had symptoms and receiving treatment, and required ongoing monitoring for potential reoccurrence.	4 175		
4 218	11-94.1-55(e) Housekeeping (e) All floors, walls, ceilings, windows, and fixtures shall be kept clean and in good repair. This Statute is not met as evidenced by: Based on observations and interviews, the facility failed to provide a clean, properly maintained environment. This has the potential to affect all of the other resident's. Findings Include: 1. On 04/25/19 at 03:00 PM, observed a large amount of black oblong particles on the window sill outside the window screen in R31's Room (Rm) 21-2. R31's privacy curtain (side facing the window) also was noted to have some black streaks on the curtain. 2. On 04/25/19 at 03:10 PM, observed a large amount of reddish-brown coating with some flakes on a pipe attached at the bottom of the wall to the right as you enter Rm. 23-1 (R2's).	4 218	WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE? For room 21-2, on 4/25/19, the window sill and curtains were cleaned. For room 23-1, on 4/26/19, the conduit observed with reddish-brown coating was repaired. For room 19, on 4/25/19 the window sill and curtains were cleaned. For room 15, on 5/15/19, the flooring was entirely replaced.	6/10/19

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4 218	<p>Continued From page 8</p> <p>3. On 04/26/19 at 10:06 AM, inspected Rm 21-2 and Rm 23-1 with the Director of Nursing (DON). The DON took a picture of the window sill in Rm 21-2 and agreed it needed to be cleaned and would contact maintenance immediately. The DON also agreed the pipe in 23-1 needed to be addressed.</p> <p>4) On 04/26/19 07:36 AM, observation of Rm19 showed a large amount of scattered oblong particles on the window sill. Also noted on the privacy curtain (side facing the window) was a large amount of scattered round-like brown particles. Further inspection in Rm 15 revealed the floor under the air conditioning unit with two tiles that had sharp cracked edges.</p> <p>These findings were discussed with the DON who stated that "we have already started to work on this."</p>	4 218	<p>HOW WILL OTHER RESIDENTS, HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE, BE IDENTIFIED?</p> <p>On 5/10/19, an inspection was conducted of resident rooms for curtain cleanliness. Curtains in need of cleaning were washed.</p> <p>On 5/16/19, an inspection was performed of resident rooms for clean window sills and curtains and properly maintained conduits and flooring. Areas identified as needing cleaning or maintenance will be addressed by 6/10/19.</p> <p>WHAT MEASURES WILL BE PUT INTO PLACE, OR WHAT SYSTEMIC CHANGES WILL BE MADE, TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR?</p> <p>Resident room curtains and window sills are cleaned at least quarterly. A cleaning schedule was developed to document the quarterly cleaning of each room's curtains and window sills.</p> <p>Relevant housekeeping personnel will be reeducated on this curtain cleaning system by the Director of Environmental Services or designee on 5/29/19. Staff will be trained on this procedure by 6/10/19.</p> <p>Resident rooms will be inspected monthly for curtain and window sill cleanliness and proper maintenance including observation of properly maintained conduits and flooring.</p>	

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4 218	Continued From page 9	4 218	<p>Relevant maintenance personnel will be reeducated on this inspection system by the Director of Maintenance or designee on 5/29/19. Staff will be trained on this procedure by 6/10/19.</p> <p>HOW WILL THE CORRECTIVE ACTION BE MONITORED TO ENSURE THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RECUR?</p> <p>Focus audits were developed as a structured format to review the completion of scheduled cleaning and maintenance of resident rooms and to review that corrective action was completed as needed.</p> <p>These focus audits will be conducted by the Administrator or designee weekly for 4weeks, monthly for 2 months, and quarterly for 3 quarters.</p> <p>The audits will be reviewed by the Quality Assurance Committee monthly for compliance, trends and recommendations as needed. The Quality Assurance Committee will use the Model for Improvement for any identified opportunities for improvement.</p>	