

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/31/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KULA HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 KEOKEA PLACE KULA, HI 96790</b>
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4 000	Initial Comments  A relicensing survey was conducted by the Office of Health Care Assurance (OCHA) on 06/28/19 to 05/31/19. The facility was found not to be in substantial compliance with 42 CFR 482 subpart B. The census at the time was 82 residents.	4 000		
4 101	11-94.1-22(c) Medical record system  (c) The following information shall be obtained and entered in the resident's record at the time of admission to the facility:  (1) Personal information such as name, date, and time of admission, date and place of birth, citizenship status, marital status, social security number, or an admission number that can be used to identify the resident without use of name when the latter is desirable;  (2) Name and address of next of kin, legal guardian, surrogate, or representative holding a power of attorney;  (3) Sex, height, weight, race, and identifying marks;  (4) Reason for admission or referral;  (5) Language spoken and understood;  (6) Information relevant to religious affiliation, if any;  (7) Admission diagnosis, summary of prior medical care with listing of physicians providing care, recent physical examination, tuberculosis status, and physician's orders; and  (8) Advanced directives, as applicable.	4 101		6/24/19

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

TITLE

(X6) DATE

Electronically Signed

06/19/19

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4 101	<p>Continued From page 1</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the facility failed to maintain accurate medical records on one of 18 sampled residents. The medical record for R61 had conflicting information on the Advanced Healthcare Directive (AD) and the Provider Orders for Life-Sustaining Treatment (POLST). Advanced Care Documents ensure an individual's wishes for care at end of life are honored. Not having accurate documents affects the potential for all residents wishes not to be honored.</p> <p>Findings Include:</p> <p>A review of R61's Advanced Care Planning documents revealed the POLST and Advance Care Directive (AD) had conflicting information. The POLST (Section C, artificially administered nutrition) signed by Surrogate dated 01/31/13 includes an order for "No artificial nutrition by tube." The AD dated 08/04/08 signed and initialed by R61, revealed R61 marked the box stating, "If I mark this box, I direct that artificial nutrition and hydration must be provided regardless of my condition and regardless of the choice I made in section 4."</p> <p>During an interview with Social Worker (SW1) on 05/29/19 at 01:44 PM, inquired who was responsible for viewing the content of the advanced care planning documents to ensure they matched, and she was not sure.</p> <p>The facility must maintain accurate current advanced care planning documents that are readily accessible to staff so there is no confusion of how they would respond if there is a change of</p>	4 101	<p>WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE CLIENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</p> <p>A complete chart review was conducted by the Interdisciplinary Team (IDT) on 5/31/2019. The IDT investigation of the circumstances surrounding the discrepancy between the POLST and the Advance Healthcare Directive was completed on 6/18/2019. The findings of this investigation were:</p> <ol style="list-style-type: none"> <li>1) The resident appointed her daughter as the attorney-in-fact (Agent) in the Advance Healthcare Directive.</li> <li>2) As R61's Agent, subsequently signed a POLST initiated by R61's primary physician prior to R61's admission to this facility.</li> <li>3) The primary physician and back-up physician listed on the POLST have been unreachable after multiple attempts and database searches for their contact information. Due to the discrepancy between the POLST and the Advance Directive and this facility's inability to verify with the physicians listed on the POST whether the POLST signed by the Agent and dated on 01/31/2013 accurately reflects the patient's wishes, the POLST was removed from the medical record and the facility will follow the directives outlined in R61's Advance Directive dated</li> </ol>	

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4 101	Continued From page 2  condition or resident is near the end of life.	4 101	<p>08/04/2008. The Licensed Social Worker notified the Agent of this decision by telephone and the Agent verbalized understanding of this.</p> <p>HOW THE FACILITY WILL IDENTIFY OTHER CLIENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN:</p> <p>1. Upon admission (including re-admissions), Social Work Services will meet with the resident to complete the Advance Directives Information Form. If a resident indicates that he/she has an Advance Directive, Social Work Services will work with the resident/representative to ensure that the facility receives a copy of the Advance Directive. Upon receipt of the Advance Directive, Social Work Services will place a copy in the resident's medical record and notify the physician so that the physician can ensure that the POLST accurately reflects the wishes of the resident.</p> <p>WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES YOU WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR:</p> <p>1. Social Work Services conducted a facility-wide chart review that was completed on 06/21/2019 to ensure all resident POLSTs were accurate and reflected the resident's wishes.</p>	

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4 101	Continued From page 3	4 101	<p>2. Upon admission (including readmissions), Social Work Services will meet with the resident to complete the Advance Directives Information Form. Social Work Services will also coordinate with resident and/or representative to ensure that the facility receives a copy of any Advance Directive that the resident has executed.</p> <p>The attending physician will confer with the resident's surrogate/representative to complete the POLST according to the resident's wishes. The Nurse Manager will review the completed POLST to ensure that the POLST reflects the resident's wishes.</p> <p>3. The Director of Nursing (DON) and Facility Administrator conducted a series of mandatory staff meetings for the licensed nurses which included verbal lecture and written didactic education regarding the requirements for POLST and Advance Directives. Any questions regarding POLSTs/Advance Directives were answered by the DON. These meetings were scheduled on multiple dates and at various times in order to accommodate all shifts. The dates/times of these meetings are as follows:            LICENSED NURSES-            06/12/2019 at 0730 and 1530            06/13/2019 at 1400            06/14/2019 at 0730            06/17/2019 at 1530            06/20/2019 at 0730, 1400, and 1530.</p> <p>The Director of Nursing (DON) and Facility Administrator conducted a series of</p>	

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4 101	Continued From page 4	4 101	<p>mandatory staff meetings for the Certified Nursing Assistants (CNAs) which included verbal lecture and didactic education regarding the purposes of a POLST and Advance Healthcare Directives. Any questions were answered by the DON. The meetings were scheduled on multiple dates and at various times in order to accommodate all shifts. The dates/times of the meetings are as follows:            CERTIFIED NURSING ASSISTANTS-            06/13/2019 at 0730 and 1530            06/14/2019 at 1400 and 1530            06/17/2019 at 0730 and 1400            06/21/2019 at 0730 and 1400</p> <p>4. The Social Services Regional Manager conducted verbal lecture and demonstration education to the Licensed Social Workers at this facility regarding their role in ensuring that accurate medical records regarding POLST and Advance Directives are present in the medical record. This was completed on 6/10/2019.</p> <p>HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR:</p> <p>1. The medical record for any new admission (including re-admissions) will be reviewed by the Interdisciplinary Team (IDT) at the next daily IDT meeting. This chart audit will include review of the POLST, Advance Directives, and Advance Directives Information Form. The outcomes of these audits will be reported at the monthly Quality</p>	

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4 101	Continued From page 5	4 101	<p>Assurance/Performance Improvement (QAPI) meetings and to the Medical Records Department by Social Work Services.</p> <p>2. Social Work Services will conduct a monthly audit of all newly admitted residents to ensure that each new resident:</p> <ul style="list-style-type: none"> <li>a. Has provided a copy of the Advance Directives to the facility if they have one</li> <li>b. the POLST accurately reflects the resident's wishes, and</li> <li>c. has a completed Advance Directives Information Form in the medical record.</li> </ul> <p>Social Work Services will report their monthly findings to the Director of Nursing upon discovery and will report a summary of these monthly findings at the monthly Quality Assurance/Performance Improvement (QAPI) meeting that is monitored by the Facility Administrator.</p>	