

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2019
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NAME OF PROVIDER OR SUPPLIER HALE NANI REHABILITATION AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1677 PENSACOLA STREET HONOLULU, HI 96822
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4 000	<p>Initial Comments</p> <p>A re-licensure survey was conducted by the Office of Health Care Assurance (OHCA) on 05/08/19 - 05/14/19. The facility was found not to be in substantial compliance with Hawaii Administrative Rules, Chapter 11-94.1</p> <p>Also during this survey, one facility reported incident (ACTS #7191) and one complaint (ACTS #7266) was investigated and unsubstantiated.</p> <p>Survey Dates: 05/08/19 - 05/14/19 Survey Census: 277 Sample Size: 61 Supplemental Residents: 0</p>	4 000		
4 130	<p>11-94.1-29(a) Resident abuse, neglect, and misappropriation</p> <p>(a) The facility shall develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This Statute is not met as evidenced by: Based on record review, interview with Ombudsman, residents and staff members, and a review of the facility's policy and procedures, the facility failed to ensure 1 of 2 sampled residents (Resident 255) was free from physical abuse by not removing Resident (R)255 from his roommate who was presenting with escalating behavioral symptoms (hallucinations, kicking walls, punching himself in the face, and urinating in the hallway).</p> <p>Findings include:</p>	4 130	<p>1) Resident 255 was transferred to another room and visits done by Director of Nursing (DON) with resident confirm that he continues to feel safe and is happy with his present room.</p> <p>2) Residents residing in the facility have the potential to be affected. There are no other incidents involving alleged abuse needing to be reported.</p> <p>3) Administrator will re-educate the</p>	6/21/19

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

Electronically Signed

TITLE

(X6) DATE
06/17/19

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4 130	<p>Continued From page 1</p> <p>Cross Reference F609.</p> <p>On 05/09/19 at 02:30 PM, the volunteer Ombudsman reported an incident involving Resident (R)255 and R143. The Ombudsman reported R255 and R143 were roommates when R143 "attacked" R255. R255 sustained a laceration on the right wrist. Subsequently, R255 was moved to another room. The Ombudsman reported that he spoke with the Administrator and was told R143 was trying to protect his roommate.</p> <p>On 05/09/19 at 02:42 PM an interview was conducted with R255 by two surveyors. R255 reported there was a "strange incident" which occurred approximately three weeks ago between midnight and 04:00 AM, when a noise was heard. R255 reportedly was awakened by R143 who had grabbed both of R255's arms. R255 thought R143 would break his wrist; however, R255 was able to twist his wrist to be free of R255's grasp. R255 reported a skin tear was sustained from twisting his arm to release R143's grasp.</p> <p>R143 further reported R255 thought a hit man from the mafia was going to stab him and was attempting to stop the hit man. R255 reportedly did not scream or call for help and following the incident R255 sat back down on the bed. Inquired whether he felt afraid, R255 replied he was a veteran and did not feel threatened and concluded R143 was hallucinating and may have seen a silhouette which made R143 believe someone was trying to attack and kill R255. R143 recalled R255 having "strange conversations" with himself. R255 continues to see R143 and will exchange greetings with him.</p> <p>A follow up interview was conducted with R255 on</p>	4 130	<p>Department Heads on the facility's policy and procedures "Freedom from Abuse, Neglect and Exploitation" on 6/18/19. DON educated Licensed Nurses (LNs) on 6/10/19 on the importance of identifying, assessing, developing care plan interventions and monitoring residents with needs and behaviors which might lead to conflict and to report it to their Unit Managers for further action to be taken.</p> <p>4) DON/Designee will review 24-hour report daily for 2 weeks, 3x/week for 4 weeks, then weekly for 6 weeks to validate that changes in residents' behaviors which might lead to conflict were identified and interventions are in place so that residents will remain free from possible physical abuse. DON/Designee will report findings to QAPI committee to evaluate the effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure continued compliance.</p> <p>5) Compliance will be achieved by 6/21/19.</p>	

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4 130	<p>Continued From page 2</p> <p>05/13/19 at 08:48 AM. R255 reported that he feels safe and feels sorry for R143. R255 was aware of R143's hallucinations; however denied being aware of R143 banging the wall or hitting himself. R255 further reported he was "shocked when it happened" as previously they would have conversations with one another. R255 again stated that he did not feel threatened by R143 before the incident.</p> <p>On 05/09/19 at 03:09 PM an interview was conducted with R143 by two surveyors. R143 was sitting at the nurses' station on the unit. R143 stated the he would be sitting at the station until he goes to the bathroom. R143 was asked whether he hears any voices, R143 replied "no". R143 admitted to seeing people standing around but did not feel that he would be attacked by these people. R143 was unable to recall the incident with former roommate. R143 denied hitting anyone. R143 recalled that there was a room change; however, thought it was because of a sore leg. And again, R143 denied hitting anyone.</p> <p>On 05/09/19 at 03:35 PM a record review was done for R255. R255 was admitted to the facility on 08/03/19, diagnoses include: dysphagia following cerebral infarction; hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side; chronic diastolic heart failure; adjustment disorder with depressed mood; and vascular dementia without behavioral disturbance. A review of R255's quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 04/30/19 notes, R143 yielded a score of 15 (cognitively intact) when interviewed for the Brief Interview for Mental Status. R255 was not coded for mood or behavioral issues. A review of the physician's</p>	4 130		

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4 130	<p>Continued From page 3</p> <p>order found R255 has an order for mirtazapine 7.5 mg, one tab at bedtime with a start date of 09/26/18 and melatonin 3 mg tablet prn (as needed) for sleep hygiene at bedtime with a start date of 09/26/18.</p> <p>A review of the progress notes found documentation on 04/09/19 at 02:15 PM, a Certified Nurse Aide (CNA) reported to nurse that upon answering R255's call light, the resident was found to have a skin tear to the forearm, as a result of R143's roommate trying to protect him by holding his arm. R143 was observed to be sitting on the bed. R255 reported to the nurse that the skin tear was sustained when he had to pull his arm back with a twisting motion as the roommate held onto his arm. Subsequent entry on 04/09/19 at 03:01 PM notes both residents were calm. The progress note also documents R255 was transferred to another room on 04/09/19.</p> <p>Observations during the survey of R143 was done by the surveyor assigned to the resident's unit. R143 was selected for investigation related to concerns regarding pressure ulcer and falls. The surveyor was also aware to observe R143's behavior. There were no concerns regarding R143's behavior presented to the survey team.</p> <p>On 05/09/19 at 03:19 PM a record review was done for R143. R143 was admitted to facility on 01/20/17 with the following diagnoses: schizoaffective disorder, bipolar type; hypertension; Type 2 diabetes mellitus with mild non proliferative diabetic retinopathy without macular edema; essential tremor; and type 2 diabetes mellitus with other diabetic kidney complication.</p>	4 130		

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4 130	<p>Continued From page 4</p> <p>A review of R143's quarterly MDS with an ARD of 04/03/19 found R143 yielded a score of 10 (cognition is moderately impaired) when the Brief Interview for Mental Status was administered. R143 requires extensive assistance with one person physical assist for walking between locations in his room. In Section E. Behaviors, R143 was coded to have hallucinations and not coded with behavioral symptoms.</p> <p>R143's care plan includes interventions to address behaviors, combativeness, hit another resident with his hand and when having periods of hallucination, he has tendency to be physically aggressive. The interventions include 1:1 supervision when agitated and combative as needed (exhibiting increased restlessness, persistent rocking motion); administer medications as ordered; ensure resident is seated away from residents when agitated; monitor/record/report to MD risk of harming others; and approach resident calmly and gently when yelling and combative.</p> <p>A review of the progress notes from 04/01/19 through 04/09/19 found documentation of R143 having visual and auditory hallucinations, falling and displaying aggressive behaviors. R143 was being monitored for behavior and hallucinations. R143 had two falls on 04/02/19. On 04/01/19 the progress notes document R143 was hallucinating, stating family members were trying to kill him, pointing a gun at him and taking money. On 04/04/19, R143 got mad at staff and began yelling and swearing. R143 was also documented to see centipedes on the ground and having children poking at his legs. On 04/06/19, R143 was noted to punch himself in the face, kick at walls and elevator, and shouting. There is documentation on 04/07/19 of R143 kicking a</p>	4 130		

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4 130	<p>Continued From page 5</p> <p>wheelchair and walls and urinating in the doorway of another resident's room. On 04/08/19, R143 was noted to have increased visual hallucinations and agitation, banging the forward wheel walker on the wall and pulling at the privacy curtain.</p> <p>On 04/08/19, the facility received an order to send R143 to the emergency department (ED). Upon arrival, the ambulance responders were unable to convince R143 to get on the stretcher, an attempt was made to administer ativan and medication; however, the resident refused, pushing the responders' hands away. The police were called to assist and eventually the resident was taken to the ED at 11:15 AM. R143 returned from the ED at 06:36 PM. The resident was agreeable to take medications; however, still had visual hallucinations. On 04/09/19 the progress note documents R143 continues with episodes of yelling and visual hallucinations. The note of 04/09/19 at 03:15 PM notes R143 with visual hallucination, R255 was using the cordless phone when R143 got up and held R255's arms to protect him against being injured from what he thought was a screw driver.</p> <p>A review of R143's behavior monitoring documents R143 with visual hallucinations, angry/agitated, screaming/yelling, punching self and refusing treatment. The resident was also noted as a "danger to others" on 04/06/19, 04/07/19, 04/08/19, and 04/09/19.</p> <p>The Medication Administration Record (MAR) has documentation that prn of lorazepam (0.5 mg every 8 hours as needed for agitation) was administered on the following days/times: 04/02/19 at 09:01 AM and 11:50 PM; 04/06/19 at 12:34 PM; 04/07/19 at 02:00 AM; and 04/09/19 at 07:00 PM.</p>	4 130		

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4 130	<p>Continued From page 6</p> <p>On the morning of 05/10/19 a request was made to review the facility's incident report between R255 and R143. On 05/10/19 at 08:26 AM the Director Of Nursing (DON) was interviewed and provided a copy of the investigative notes. The DON reported on 04/09/19 the Unit Manger (UM) called to report R255 has a skin tear which reportedly was a result of R143 holding onto his hands tightly. DON recalled R143 was being monitored for delusions and hallucinations. The DON reported following interviews/investigation, it was determined that R143 was confused and R134's intent was to protect R255; therefore, the incident was not reported as an allegation of abuse.</p> <p>The DON reported following the incident, R143 has not had a roommate; however, notes R143 has "mellowed" and is doing well. R143 has been attending activities and participating in sing along activity. The DON also reported R143's medications have been adjusted with the introduction of a new medication pimavanserin (atypical antipsychotic). At this time there are no plans to move another roommate into R143's room.</p> <p>A review of the DON's investigation for an injury of known cause documents a skin tear to R143's right arm. The DON interviewed staff members that were working on 04/09/19. The DON concluded the investigation on 04/16/19 and based on interviews with staff members surmised it was the intent of R143 to protect R255.</p> <p>On 05/13/19 at 08:18 AM an interview was conducted with Unit Manager (UM)10. The UM reported being out sick at the time of the incident; however, reported R143's behavior is being</p>	4 130		

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4 130	<p>Continued From page 7</p> <p>monitored and the behavior had improved in February and March. The UM reported to prevent another incident from occurring, the residents would be separated right away and R143 will be kept away from other residents. Also, the UM reported closer monitoring would be necessary and a referral for psychiatric consult may be indicated. The UM did not think abuse occurred as R143 was not in his right mind.</p> <p>On 05/13/10 at 08:32 AM an interview was conducted with Registered Nurse (RN)13. RN13 was working on 04/09/19. RN13 recalled the CNA informed them of skin tear. When RN13 asked R255 what happened, R255 reported R143 was protecting him. RN13 reported prior to the incident the roommates would converse with one another. RN13 stated that if R143 received another roommate and begins to exhibit behavior, a request will be made to move the roommate to another room.</p> <p>A review of the facility's policy and procedures entitled "Freedom from Abuse, Neglect and Exploitation" documents in the subsection, Prevention, "Staff will identify, assess, develop care plan interventions and monitor residents with needs and behaviors which might lead to conflict or neglect, such as: a. Verbally aggressive behavior; b. Physically aggressive behavior....".</p>	4 130		
4 131	<p>11-94.1-29(b) Resident abuse, neglect, and misappropriation</p> <p>(b) All alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source or origin, and alleged misappropriation of resident property shall be reported immediately to the administrator of</p>	4 131		6/21/19

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4 131	<p>Continued From page 8</p> <p>the facility, and to other officials in accordance with state law through established procedures.</p> <p>This Statute is not met as evidenced by: Based on record review and interview with staff members, the facility failed to report an allegation of abuse to the State Survey Agency immediately and failed to report the results of the investigation within five working days. Although the facility investigated the incident, the facility did not identify the incident as an allegation of abuse.</p> <p>Findings include:</p> <p>Cross Reference to F600.</p> <p>On 05/09/19 the volunteer Ombudsman reported an incident of Resident (R)143 "attacking" R255. On the morning of 05/10/19 a request was made to review the facility's investigative report. On 05/10/19 at 08:26 AM the Director of Nursing (DON) provided a copy of the investigative notes. The DON stated the Unit Manager (UM) reported R255 sustained a skin tear as a result of R143 holding onto R255's hand tightly. The DON confirmed this incident was not reported to the State Survey Agency as an allegation of abuse.</p> <p>A review of the DON's investigation found the incident was classified an an "injury of known cause". The staff members were interviewed regarding the incident. The Acting UM, Licensed Practical Nurse (LPN)15 reported R255 just completed lunch and was making a phone call with the cordless phone. Later the Registered Nurse (RN) also reported the Certified Nurse Aide (CNA) informed her/him of a skin tear to R255. The LPN15 went to assess R255 and found both</p>	4 131	<ol style="list-style-type: none"> 1) Facility submitted Completed Report to OHCA on 6/17/19. 2) Reportable incidents for all residents will be submitted per OHCA guideline. 3) Administrator educated DON/Designee on submitting reportable incidents per OHCA guideline. 4) Administrator/Designee will conduct audit x 3 months to ensure all allegation of abuse reports are submitted to OHCA timely. Administrator/Designee will report findings to QAPI committee to evaluate the effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure continued compliance. 5) Compliance will be achieved by 6/21/19. 	

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4 131	<p>Continued From page 9</p> <p>residents were calm. R255 reported R143 held his arm/hand to protect him from someone that was trying to stab him in the throat with a screw driver. LPN15 asked R143 what happened, R143 reported, he was trying to protect R255. Later staff members found that R143 hid the phone under his pillow. R143 reportedly informed the LPN15 that he was trying to keep "it" safe. The LPN15 documents the facility made arrangements to move R255.</p> <p>RN13 is noted to report R255 sustained a skin tear to the right forearm as a result of R255 holding/grabbing his hands to protect him from being stabbed. At this time, R143 denied pain and the skin protocol was initiated.</p> <p>CNA14 was also interviewed. The CNA reported finding the skin tear on R255's right forearm during rounds. The CNA further reports R255 stated that R143 held/grabbed his hand to protect him as there are a lot of people that want to hit R255. The CNA notes prior to the incident R255 did not complain about R143.</p> <p>The DON documents completion of the investigation was done on 04/16/19 and found R143's action was an effort to protect R255. The DON visited R143, R143 did not express any concerns or further injuries from the incident and was agreeable with the new room change.</p>	4 131		
4 136	<p>11-94.1-30 Resident care</p> <p>The facility shall have written policies and procedures that address all aspects of resident care needs to assist the resident to attain and maintain the highest practicable health and medical status, including but not limited to:</p>	4 136		6/21/19

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4 136	<p>Continued From page 10</p> <p>(1) Respiratory care including ventilator use; (2) Dialysis; (3) Skin care and prevention of skin breakdown; (4) Nutrition and hydration; (5) Fall prevention; (6) Use of restraints; (7) Communication; and (8) Care that addresses appropriate growth and development when the facility provides care to infants, children, and youth.</p> <p>This Statute is not met as evidenced by: Based on record review, interview with staff members and resident, and a review of the facility's bowel regimen program, the facility failed to implement a resident's (Resident 98) bowel regimen in accordance with the physician's order.</p> <p>Findings include:</p> <p>Resident (R)98 was initially admitted to the facility on 11/18/15 and readmitted on 03/06/19 following an acute hospitalization. R98 was hospitalized for surgery related to discitis. R98's diagnoses include: discitis, unspecified; dysphagia, oropharyngeal phase; low back pain; schizophrenia, unspecified; and anxiety disorder.</p> <p>On 05/08/19 at 10:30 AM an interview was done with R98. R98 was asked whether there are any problems with bowel movements or constipation. R98 reported having difficulty with bowel movement. Further inquired whether the facility provides medication. R98 responded the medication helps to move her bowels.</p> <p>On 05/10/19 at 01:36 PM a record review was done. A review of the quarterly Minimum Data</p>	4 136	<p>1) Resident 98 is receiving bowel regimen in accordance to physician's order.</p> <p>2) Residents residing in the facility on the bowel regimen program will be reviewed to validate that regimen is followed per physician's order and any newly identified issues will be addressed.</p> <p>3) DON educated LNs on 6/10/19 on the importance of following the bowel protocol per physician's orders to maintain residents' optimum bowel function.</p> <p>4) DON/Designee will conduct audits on 10 residents per week for 4 weeks, then 4 residents per week for 2 months to validate that residents with ordered bowel regimen protocol is being followed. DON/Designee will report findings to QAPI committee to evaluate the effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure continued compliance.</p> <p>5) Compliance will be achieved by</p>	

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4 136	<p>Continued From page 11</p> <p>Set with an assessment reference date of 03/13/19 found R98 is cognitively intact, yielded a score of 15 when the Brief Interview for Mental Status was done. Following R98's readmission to the facility (status post surgery), R98 required limited assistance with one person physical assist for toilet use and also noted to be incontinent of bowel and bladder.</p> <p>On 05/13/19 at 08:57 AM a record review was done. A review of the physician's order found the following: Senna S tablet, 8.6-50 mg, one tab by mouth twice a day for constipation (start date 04/01/19); Miralax powder, give 17 gram by mouth one time a day related to constipation (start date 03/07/19); dulcolax suppository, 10 mg for constipation, no bowel movement for 3 days or if MOM ineffective (start date 03/06/19); and milk of magnesia (MOM) suspension 1200 mg/15 ml, give 30 ml by mouth as needed for constipation if no bowel movement for 2 days (start date 03/06/19).</p> <p>A review of the Medication Administration Record (MAR) found dulcolax suppository was provided on the following days: 03/09/19 at 07:21 AM (effective); 03/12/19 at 02:36 AM (ineffective); 03/19/19 at 02:32 PM (effective); 03/23/19 at 05:05 AM (effective); 03/27/19 at 10:08 PM (unknown); 03/28/19 at 02:43 PM; 04/03/19 at 10:30 PM (effective); 04/07/19 at 06:47 AM (effective); and 04/10/19 at 06:50 AM (effective). There was no documentation for administration of MOM. A review of the progress note dated 03/28/19 documents dulcolax suppository was given for no bowel movement for five days. There was no documentation of R98's refusal of MOM.</p> <p>On 05/13/19 at 09:20 AM, Registered Nurse</p>	4 136	6/21/19.	

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4 136	<p>Continued From page 12</p> <p>(RN)11 reported the residents' Certified Nurse Aide (CNA) will document when residents have bowel movement and inform nurses when a resident does not have a bowel movement. RN11 confirmed there is no documentation a prn of MOM was provided before administering the dulcolax suppository. RN11 explained if the resident refused the MOM, the nurse would place an "X" on the date in the MAR and notates the refusal in the progress notes. RN11 was agreeable to review the resident's record for refusal of MOM. At 09:58 AM, RN11 confirmed there was no documentation of refusal of MOM.</p> <p>On 05/13/19 at 11:07 AM, the facility provided a copy of the "Bowel Continence Management Program". The guideline was developed to "assure accurate assessment and tracking of resident's bowel function and timely, consistent implementation of bowel protocols to maintain optimum bowel function". The program includes: "3. The following bowel protocol will be implemented as established by physician's orders: a. Administration of stool softeners; b. Administration of laxatives/bowel stimulants; and c. Administration of enema" and if the routine bowel regimen protocol is followed and the resident has not had a bowel movement, the resident's physician will be notified.</p>	4 136		
4 145	<p>11-94.1-38(a) Activities</p> <p>(a) The facility must provide for an ongoing program of age-appropriate activities designed to meet the interests, physical, mental, and psychosocial well-being of each resident.</p> <p>This Statute is not met as evidenced by:</p>	4 145		6/21/19

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4 145	<p>Continued From page 13</p> <p>Based on observation, record review and interview with staff member, the facility failed to provide 1 of 3 residents (Resident 176) reviewed for activities with an ongoing activity program to meet the resident's need.</p> <p>Findings include:</p> <p>On 05/08/19 at 10:47 AM, Resident (R) 176 was observed to be asleep in bed. On 05/08/19 at 11:50 AM, observed R176 laying in bed. The resident was screened for a resident interview. R176 appeared confused, the resident started talking about having concern as she had to keep giving up her babies as the babies were born deformed and had to given away.</p> <p>Observation on 05/09/19 at 07:52 AM found R176 had eaten breakfast and was laying in bed. Subsequent observation on 05/10/19 at 09:50 AM and 12:03 PM found R176 lying in bed, placed on the left side facing the wall.</p> <p>R176 has a television; however, R176 was not observed to watch television and there was no music. There was no observation of newspapers or magazines. The observations found R176 laying in bed either sleeping/eyes closed.</p> <p>R176 was readmitted to the facility on 12/19/17. R176 diagnoses include: paraplegia, unspecified; anterior cord syndrome at C5 level of cervical spinal cord, sequela; major depressive disorder, single episode, unspecified; unspecified mental disorder due to known physiological condition; unspecified dementia with behavioral disturbance; encounter for attention to colostomy; type 2 diabetes without complications; major depressive disorder, recurrent, severe with psychotic symptoms; and pressure ulcer of sacral</p>	4 145	<p>1) Care plan for Resident 176 was updated to reflect her current activity preferences. Items routinely used by resident such as TVs, radio, and books are available and in working order. Recreation Staff assigned to Resident 176 was re-educated on 5/14/19 regarding reporting broken TVs or equipment that needs updating to the Director of Recreation Services (DRS) timely.</p> <p>2) Residents residing in the facility have the potential to be affected. Residents with TVs and personal devices were audited to validate that they are functioning properly.</p> <p>3) Staff were educated by DON and Administrator on 6/13/19 that if they identify a TV or equipment needing attention to notify their supervisors immediately so that it can be addressed timely.</p> <p>4) DRS will conduct observations to validate that residents' TVs and/or equipment are functioning properly. Observations to include 5 residents per week for 4 weeks, then 3 residents per week for 2 months. DRS will report findings to QAPI committee to evaluate the effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure continued compliance.</p> <p>5) Compliance will be achieved by 6/21/19.</p>	

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4 145	<p>Continued From page 14</p> <p>region Stage 4.</p> <p>On 05/10/19 at 10:13 AM a record review was done for R176. A review of the annual Minimum Data Set with an assessment reference date of 04/15/19 found R176 yielded a score of 9 (cognition moderately impaired) when the Brief Interview for Mental Status was administered. R176 was interviewed for daily and activity preferences. R176 was noted to rate the following as very important: choosing clothes to wear; taking care of personal belongings; choosing between a tub bath and shower; being provided with snacks; having family or close friend involved in their care; and having a place to lock things. The resident rated using the phone in private and choosing a bedtime as not very important.</p> <p>The interview for activity preferences found R176 rated the following as very important: having books, newspapers, and magazines to read; listening to music; keeping up with the news; doing favorite activities; and going outside to get fresh air. R176 rated being around animals and doing thing with groups of people as not very important.</p> <p>A review of R176's "ACT Activities/Recreation Quarterly/Annual Review" dated 04/15/19 notes the resident prefers to participate in independent activities with resting/relaxing as favorite activities. R176 is provided with 1:1 visits consisting of light exercises, listening to music and socializing with staff. A review of the previous assessment dated 11/19/18 notes R176 enjoys watching movies on personal phone and using personal electronics to watch movies.</p> <p>A review of R176's care plan found R176 refuses</p>	4 145		

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4 145	<p>Continued From page 15</p> <p>to attend group activities due to medical concerns. The preference is to remain in the room and do leisure activities. The goal is for R176 to maintain current activity level of 1:1 visits and leisure activity. The interventions included: provide 1:1 visits consisting of talking/reminiscing (hiking, horseback riding, traveling, books and current events, reality orientation); bed side exercises and pet visits; praise R176 when engaging in independent activities such as listening to music, socializing with peers and resting/relaxing; and respect R176's preference to stay in room and on floor.</p> <p>A review of R176's activities for the past 30 days found documentation that R176 was provided with talking/reminiscing on 6 (six) days, 04/16/19, 04/17/19, 04/19/19, 04/25/19, 04/30/19 and 5/06/19. R176 was provided with music on 04/15/19 and 05/03/19. On 05/13/19, R176 was provided with other therapy.</p> <p>On the morning of 05/14/19 an interview was conducted with Recreation Assistant (RA)3. RA3 reported R176 is provided with 10 to 15 minutes of 1:1 activity. Recently, pet visits were added to R176 activities; however, the dog hasn't been coming due to illness. RA3 reported R176 would watch movies on her personal phone; however, the resident's phone needs to be "updated". RA3 spoke with the family about the possibility of updating the phone with no result from the family. RA3 also reported R176's television is broken and has no radio. R176's family has not been approached regarding a new television or getting a radio. RA3 confirmed R176 enjoys listening to Hawaiian music. RA3 was asked whether the facility has the ability to provide R176 with a radio. RA3 responded the facility has radios to loan to residents.</p>	4 145		

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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, 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 interviews and record review, the facility failed to review and revise 1 (Resident(R)62) out of 4 person-centered, comprehensive care plans.</p> <p>Findings include: Interview with R62 on 05/08/19 at 11:15 A.M. who states, I have a brace that is broken and cant get it fixed. Physical therapy (PT) has said too humbug to fix. When it was working it worked well and I could walk. I haven't walked for over</p>	4 149	<p>1) Care plan for Resident 62 has been updated to reflect current therapy participation and appropriate use of his knee brace.</p> <p>2) Residents residing in the facility with orders for a brace have been reviewed to ensure care plan remains appropriate.</p> <p>3) DON educated LNs on 6/10/19 on timely revisions/updates to resident care</p>	6/21/19

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4 149	<p>Continued From page 17</p> <p>two years.</p> <p>On 05/10/19 09:08 AM, Record review (RR) - documentation on 04/11/17, resident's left knee brace was reported to be broken. On 10/12/17, R62 had a fall while ambulating with Rehabilitation nurse's aides (RNAs). "RNA reports excessive bilateral ankle inversion . R62 reported that RNA have been wrapping his ankles into DF/eversion in order to promote increased foot clearance during ambulation, however, on this occasion they did not wrap it tight enough and R62 tripped and fell." One year later, on 04/25/18 new bilateral braces were tried for fitting but R62 reported discomfort of pinching. Attempts at calling equipment supply company (ESC) were made with the first call approximately 35 days after documentation that the brace was broken. Voice mails were left for ESC from 05/16/18 to 05/13/19. Social Services Department (SSD) note on 05/13/19 documents SSD met with R62 to discuss ordering a brace. SSD took the brace to therapy department who will order as soon as possible. Estimated time of arrival is 1 month. Orders written on 2/11/19 by MD state - R62 requires custom fit knee brace to reduce pain and prevent further decline in functional mobility, no documentation needed.</p> <p>On 05/10/19 at 09:58 AM, interview with Staff(S)4 spoke with ESC to follow up on leg brace for R62. ESC stated they would "look into it and call SSD back. Waiting for call back."</p> <p>On 05/13/19 at 12:08 PM, interview with S14 - In summary, brace was ordered by rehab department on several occasions, brace was the wrong brace, brace did not fit, brace uncomfortable. In addition, R62 wears the brace incorrectly and may be contributing to why it is</p>	4 149	<p>plans.</p> <p>4) DON/Designee will conduct audits on 5 residents per week for 4 weeks, then 2 residents per week for 2 months to validate that care plans are accurate. DON/Designee will report findings to QAPI committee to evaluate the effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure continued compliance.</p> <p>5) Compliance will be achieved by 6/21/19.</p>	

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4 149	<p>Continued From page 18</p> <p>broken. S14 stated we could have him sign a waiver for the brace that he prefers to wear but he wears the brace incorrectly and I wouldn't feel right about it. Another factor is that the original company that provided the brace is not in business, leaving only one orthotist to call and them not calling back. States that there is a new company and they are trying to get an option from them. Because of all this, resident has not walked for two years but she has seen him transfer without the brace from wheelchair to bed, and wanted to attempt walking without the brace but resident refuses this also.</p> <p>On 05/13/19 at 12:33 PM, followup interview with R62, I'm getting worse, I haven't walked in 2 years. When I first came, I was stuck with one doctor and they were saying he doesn't answer their texts and things. That's all they doing is the bike. My left arm is not getting rehab, they start and they stop.</p> <p>On 05/13/19, RR reveals R62's careplan for mobility fails to show MD orders regarding using "knee brace to reduce pain and prevent further decline in functional mobility." Care plan lacking revision and update for knee braces until date initiated on 05/13/2019 "Staff to follow up on the status of his knee brace periodically until received." In addition, Interdisciplinary team (IDT) met on 05/09/19 and on 12/11/18 and there was no mention of the ongoing issues with the knee braces, resulting in R62 not ambulating for two years.</p>	4 149		
4 185	<p>11-94.1-46(b) Pharmaceutical services</p> <p>(b) A facility shall have a current pharmacy policy manual consistent with current pharmaceutical</p>	4 185		6/21/19

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4 185	<p>Continued From page 19</p> <p>practices developed and approved by the pharmacist, medical director/medical advisor, and director of nursing that:</p> <p>(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;</p> <p>(2) Is reviewed at least every two years and revised as necessary to keep abreast of current developments in overall drug usage; and</p> <p>(3) Has a drug recall procedure that can be readily implemented.</p> <p>This Statute is not met as evidenced by: Based on observation, interview with staff member, and a review of the pharmacy chart, the facility failed to properly label medications with discard dates for insulin and an inhaler.</p> <p>Findings include:</p> <p>On 05/09/19 at 09:23 AM observation was made with RN11 of the medication cart (Pensacola, Cart #2) found an opened vial of Humalog for Resident (R)76. The box was labeled with a blue label, documenting the open date of 04/10/19. There was no documentation of a discard date. Also found a box containing Combivent (an inhaler) for R70. There was documentation on the box with a handwritten date of 04/27/19.</p>	4 185	<p>1) Identified medications (insulin and inhaler) were disposed.</p> <p>2) Residents residing in the facility with orders for insulin and inhaler have the potential to be affected. Insulin and inhaler labels have been checked to ensure correct labeling.</p> <p>3) DON educated LNs on 6/10/19 regarding proper labeling of drugs.</p> <p>4) DON/Designee will conduct audits on 4 floors per week for 4 weeks, then 2 floors per week for 2 months to validate that discard dates on insulins and inhalers are</p>	

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4 185	<p>Continued From page 20</p> <p>There was no documentation of a discard date.</p> <p>Queried RN11 regarding labeling of multi-use medications, RN11 reported when a multi-use medication is opened/used it is labeled with the opened date and also the discard date. The RN reported insulin and inhalers are to be discarded after 30 days. RN11 wrote discard date for insulin as 05/10/19 and 05/27/19 for the Ambient.</p> <p>On 05/09/19 at 09:36 AM, Unit Manager(UM) 5 reported there are some medications that are to be discarded in 28 days. UM5 stated the medication label will indicate medications that are to be discarded in 28 days and if not indicated, it would be 30 days. Concurrent observation of the aforementioned medications was done with UM5. UM5 confirmed the labels did not indicate whether medication (insulin and inhaler) is to be discarded after 28 days. UM5 confirmed licensed nurses are to label medications to include open and discard date. UM5 was agreeable to follow up on a policy and procedure for labeling medications and how long before insulin and inhalers are to be discarded.</p> <p>On 05/09/19 at 10:00 AM, UM5 provided a chart from the pharmacy entitled "Medication with Shortened Expiration Dates". UM5 stated RN11 was asked to change the date for the insulin in accordance with the guidelines to discard the insulin on 28th day. Further review of the grid with UM5 found no guidance regarding discard date specifically for Ambient; however, UM5 stated, the Ambient will be discarded on the 30th day.</p>	4 185	<p>labeled. DON/Designee will report findings to QAPI committee to evaluate the effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure continued compliance.</p> <p>5) Compliance will be achieved by 6/21/19.</p>	
4 197	11-94.1-46(n) Pharmaceutical services	4 197		6/21/19

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NAME OF PROVIDER OR SUPPLIER HALE NANI REHABILITATION AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1677 PENSACOLA STREET HONOLULU, HI 96822
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(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
4 197	<p>Continued From page 21</p> <p>(n) Discontinued and outdated prescriptions and containers with worn, illegible, or missing labels shall be disposed of according to facility policy.</p> <p>This Statute is not met as evidenced by: Based on observation, and interview, the facility failed to dispose expired medications for Residents(R) 34, 54, 67, 108 and 191. The deficient practice could have potentially affected five of 35 sampled residents. The deficient practice had the potential of these five residents not receiving medications that are not potent as ordered by their physician.</p> <p>Findings include:</p> <p>In Piikoi wing, 2nd floor, from locked Medication cart #2 it was observed R34's supply of Loperamide 2 mg as needed for diarrhea, expired 05/18. Observed R54's supply of Hyoscyamine Sulfate 0.125 mg as needed for excessive secretions, expired 01/2018. Observed R84's supply of Hyoscyamine Sulfate 0.125 mg as needed excessive secretions, expired 05/18. Observed R108 supply of Metoprolol 25 mg, twice a day, expired 09/18. Staff(S)14 validated that the medications were expired and not disposed of according to facility policy.</p> <p>In Piikoi wing, 2nd floor, from locked Medication cart #1, it was observed R67's supply of Senexon-S Tab 2 tabs twice a day, expired 12/2018. Observed R191's supply of Bethanechol 10 mg, three times a day, expired 03/2019. Staff(S)15 validated that the medications were expired and not disposed of according to facility policy.</p>	4 197	<p>1) UM and LNs checked medications for (R) 34, 54, 67, 84, 108, and 191 to validate that none are expired.</p> <p>2)Residents residing in the facility have the potential to be affected.</p> <p>3) DON educated LNs on 6/10/19 regarding checking medications for expiration dates and removing them from the medication carts for prompt disposal.</p> <p>4) DON/Designee will audit all medication carts daily for 2 weeks, weekly for 2 weeks, then monthly for 2 months to validate that expired medications are not left in the medication carts. DON/Designee will report findings to QAPI committee to evaluate the effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure continued compliance.</p> <p>5) Compliance will be achieved by 6/21/19.</p>	