

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 04/17/2020
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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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(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	<p>Initial Comments</p> <p>A focused relicensing survey in response to the COVID-19 pandemic was conducted by the Office of Health Care Assurance on 04/17/20. The focused areas included the following: Infection Control; Resident Abuse, Neglect and Misappropriation of Resident Property; Admission, Transfer, Discharge; Nursing Services; and Emergency Preparedness. The facility was found not to be in compliance with Hawaii Administrative Rules, Title 11, Chapter 94.1, Nursing Facilities.</p> <p>Total residents: 64</p>	4 000		
4 203	<p>11-94.1-53(a) Infection control</p> <p>(a) There shall be appropriate policies and procedures written and implemented for the prevention and control of infectious diseases that shall be in compliance with all applicable laws of the State and rules of the department relating to infectious diseases and infectious waste.</p> <p>This Statute is not met as evidenced by: Based observation, staff interview, and review of the facility's policy and procedures, the facility failed to ensure staff implemented policies and procedures for the prevention and control of infectious diseases as evidenced by Staff (S)1 not wearing a mask, not monitored for hand hygiene, and not screened upon entering the facility. As a result of this deficiency, there is an increased potential risk of exposure to COVID-19.</p> <p>Findings include:</p> <p>The facility's policy was reviewed on 04/16/20 at</p>	4 203	<p>This plan of correction constitutes our written allegation of compliance for the deficiency 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>The employee S1 exited the facility. He was re-educated regarding screening procedures and infection prevention and control practices on April 16, 2020, by the</p>	4/27/20

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

TITLE

(X6) DATE
04/28/20

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4 203	<p>Continued From page 1</p> <p>02:30 PM. The facility's COVID-19 Risk Mitigation Plan documented staff should wear a mask " ... while in the building. Review of the screening tool indicates employees and visitors are screened for temperature of 100 degrees, required to answer screening questions (Have you been out of the state in the past 14 days; Have you been in contact with anybody who has been out of the state in the last 14 days and is symptomatic; Have you had exposure to confirmed COVID 19 person in the past 14 days; do you work in another healthcare setting other than [facility corporate name]; and do you have a new onset cough, shortness of breath or other respiratory symptoms). If the individual does not have a temperature of 100 degrees and answers all the screening questions, "NO", the individual meets the criteria to proceed to work. It is indicated that all employees are required to wear a mask.</p> <p>On 04/16/20 at approximately 10:50 AM, while observing staff enter the facility through the personnel office entrance, observed an individual (later identified by facility staff as S1), exit the building without a mask on. Observed a sign posted upon entering the facility (on the receptionist's counter), "Please sanitize your hands and put on a mask immediately upon entering. Avoid speaking without a mask on. Once mask applied we will be happy to assist you."</p> <p>During a meeting, this surveyor informed the Director of Nursing (DON), Infection Control Preventionist Specialist (ICPS), and the Clinical Operation Specialist (COS) of the observation. The DON, ICPS, and the COS were all in agreement and confirmed the individual (S1) should have been wearing a mask while in the</p>	4 203	<p>Director of Nursing. DON/designee reviewed facility resident records for the presence of fever and/or respiratory symptoms for the week of April 16 - 22, 2020. Residents with fever or respiratory symptoms had COVID-19 screening tool completed, no residents were positive for COVID 19 screening as of April 22, 2020.</p> <p>Facility residents have the potential to be affected by this alleged practice.</p> <p>The screening process was updated to include locking the front door to prevent anyone from entering the building without being screened. The screener will ensure a mask is donned prior to entry. The screener will ensure hand hygiene is performed at time of screening. Screeners were educated on the updated process by the DON/designee on April 22, 2020, and ongoing as needed. Staff were educated on the updated screening process by the DON/designee on April 22, 2020, and ongoing as needed.</p> <p>DON/designee will monitor compliance through random audits on the screening procedure to ensure staff are adhering to facility's screening process on all shifts, 3 x weekly for four weeks, then monthly for a minimum of three months or until substantial compliance is achieved. Results will be reported to the QAPI Committee monthly for review and recommendations as needed.</p>	

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4 203	Continued From page 2 facility. In a follow up interview, ICPS identified the individual as S1, who works nursing department as a Certified Nursing Assistant and in the maintenance department. ICPS confirmed with S1, he/she was not wearing a mask while in the facility building, interacted with other staff members and confirmed S1 stated he/she is aware that he/she should have been wearing a mask upon entering the facility. ICPS also reviewed the facility's screening log, which confirmed S1's temperature was not monitored and S1 was not screened per facility policy and procedure. Furthermore, ICPS could not ensure S1 performed proper hand hygiene prior to entering the facility.	4 203		