

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/06/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HALE ANUENUE RESTORATIVE CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1333 WAIANUENUE AVENUE HILO, HI 96720</b>
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4 000	Initial Comments  A re-licensing survey was completed on 03/06/2020. The facility reported a census of 101 residents at the entrance conference.	4 000		
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> <ul style="list-style-type: none"> <li>(1) Respiratory care including ventilator use;</li> <li>(2) Dialysis;</li> <li>(3) Skin care and prevention of skin breakdown;</li> <li>(4) Nutrition and hydration;</li> <li>(5) Fall prevention;</li> <li>(6) Use of restraints;</li> <li>(7) Communication; and</li> <li>(8) Care that addresses appropriate growth and development when the facility provides care to infants, children, and youth.</li> </ul> <p>This Statute is not met as evidenced by: Based on observation, record review, and interview with staff members and family, the facility failed to ensure 1 of 4 residents (R) 77 sampled received the treatment and services to promote healing of an existing pressure injury resulting in harm, and ensure R77 received sufficient fluid intake to maintain proper hydration resulting in the provision of IV fluids.</p> <p>Findings include:</p> <p>1) On 01/24/20, R77 was admitted from an acute hospital with a Stage 1 pressure injury (PI) to the coccyx and a Foley catheter that was</p>	4 136	<p>R77 was admitted status post repair of a displaced intertrochanteric fracture of the left femur and required extensive physical assist with bed mobility. R77 continues to reside in this facility after a successful completion of her rehab stay. R77's left heel injury resolved on 4/8/20. The coccyx wound has significantly improved. She was also admitted to the facility with an active UTI with E.coli with antibiotic treatment. On 3/18/20 her course of antibiotics was completed to treat her urinary tract infection. UTI resolved. She has no active signs of dehydration and is</p>	4/20/20

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

TITLE

(X6) DATE  
04/24/20

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4 136	<p>Continued From page 1</p> <p>discontinued on 01/27/20. On 02/26/20, the coccyx Stag1 PI was then a Stage 2 PI, and worsened to unstageable with possible deep tissue injury (DTI). On 02/18/20, R77 developed a facility acquired Stage 2 PI on the left heel (requiring floating of heel and splint). On 02/27/20, R77 was provided intravenous fluids for approximately three days, and started antibiotics for an asymptomatic urinary tract infection.</p> <p>On the afternoon and evening of 03/05/20 a review of the "Nursing: Wound Observation Tool - V1" found R77 also had a Stage 2 facility-acquired pressure injury to the left medial heel (onset of 02/18/20). Further review found the Stage 2 pressure injury to the coccyx worsened. The assessment of 01/24/20 documented, R77 had a Stage 1 pressure injury to the coccyx (1.5 cm x 1.5 cm x 0) on admission. The interventions included foam dressing (change every three days) and pressure relieving mattress. R77's assessment on 01/31/20 noted a superficial open area and treatment changed to A&amp;D ointment every shift. Subsequent assessment on 02/08/20 noted improvement of the pressure injury (1.0 cm x 0.5 cm x 0), and treatment changed to clean with NS and use hydrocolloid dressing. The 02/17/20 assessment noted the pressure injury was improving (0.3 cm x 0.3 cm x 0).</p> <p>On 02/18/20, Intervention to float the resident's heel (splint boot) was added after R77 had a Stage 2 pressure injury to the heel. On 02/26/20 documentation noted the pressure injury to the coccyx worsened (5.5 cm x 5.0 cm x 0.1 cm), and, then assessed as unstageable with deep tissue injury (DTI). Also noted, the wound had serosanguinous drainage with 30% purple tissue with suspected DTI and the wound edges were</p>	4 136	<p>actively participating in meal and fluid intake</p> <p>Identification of others</p> <p>A full house audit was completed of resident Braden Scores to identify residents at risk for pressure injuries. The audit revealed 5 additional residents in the high risk category. Of the 5 identified, 4 discharged from the facility with no pressure injury and skin intact. The 1 remaining residents was reviewed. Full house audits were also conducted for hydration. An audit of 13 additional residents were identified to be at risk for poor hydration. On 3/5/2020, an IDT (RAR) was conducted to add interventions to the identified residents care plans to address this need. One identified at risk admitted with bilateral DTI□s that are resolving. A facility wide audit was completed on 4/16/20 identifying 72 residents with urinary incontinence. None of those residents have symptoms or diagnosis of urinary tract infection.</p> <p>Systematic Changes</p> <p>Nursing staff receive perineal training and complete a competency check upon hire and annually thereafter.</p> <p>Residents identified at high risk for poor hydration as evidence by poor intakes, altered labs, IV fluids, and change in fluid consistency, and/or change in physical functioning will be discussed in IDT (RAR) each week. Interventions will be added to physician orders as determined by IDT. Fluid preferences will be identified on the tray card for all residents. CNAs were educated on 3/18/2020, Licensed Nurses 3/25/2020 which specified that most supplements are to be given between</p>	

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4 136	<p>Continued From page 2</p> <p>irregular with several open areas and areas of broken skin throughout. The treatment for hydrocolloid dressing was continued. Also started on IV fluids starting on 02/27/20, R77 had signs and symptoms of dehydration.</p> <p>The last 03/05/20 assessment noted the pressure injury is unchanged and presented with three open areas, and slough and necrotic tissue. The treatment changed to foam dressing with silvercel.</p> <p>2) Resident (R)77 was admitted to the facility on 01/24/20 with the following diagnoses: displaced intertrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing; difficulty in walking; dysphagia; cognitive communication deficit, urinary tract infection (e. coli); and type 2 diabetes mellitus with chronic kidney disease.</p> <p>On 03/03/20 during the initial tour, R77 was observed with an IV needle inserted on the top of his/her left hand. Subsequent observation at lunch found R77 in the dining room with tofu, Ensure Clear, fruit, carrots, okai with ume, chili and Magic Cup on the tray. A staff member sat with R77 during lunch. On 03/04/20 R77 was observed in the dining room for breakfast. R77 was feeding him/herself. R77's breakfast try had eggs, corn beef hash, Ensure Clear, banana and hot cereal. Throughout the meal, staff member was observed to sit with resident and there was observation when resident was sitting alone. The observation of the breakfast meal on 03/06/20 found R77 sitting alone with partially eaten food, there was no Ensure Clear on the tray. A staff member entered the dining area and was asked about the Ensure Clear, the staff member</p>	4 136	<p>meals for added hydration. Nursing will monitor % consumed. This will promote beverages of choice at meals and additional fluids/nutrition between meals. Braden Scale will be completed by nurses at the time of admission, weekly for the first 4 weeks, then monthly thereafter. Braden scores will be reviewed weekly to identify those at high risk for skin breakdown. For residents identified, care plans will be updated to include off loading and position changes. Skin checks and wound observations will be audited each week by the DON/Unit Mangers/ or designee to ensure care plans and treatments reflect prevention and promote resolution. Results of this audit will be provided to DON for follow up and additional training of nurses as needed.</p> <p>Monitoring of systemic changes Skin checks and wound observation tools will be audited each week by the DON/Unit Mangers/ designee to ensure care plans and treatments reflect prevention and promote pressure injury resolution. The results of these audits will be discussed at Resident at Risk (RAR) meetings weekly. MDS or designee will conduct weekly reviews of the Braden Assessments completed that week to ensure accuracy of assessment, and ensure care plan and treatments are updated and reflective of the current status of the resident. SDC or designee will complete Visual Observation audits weekly for 2 identified residents to determine if they are in proper position according to the care plan and status. The results of these audits will be</p>	

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4 136	Continued From page 3  responded, he/she would have to get it.  A record review done on 03/05/20 at 08:35 PM found progress note dated 02/27/20 documenting an IV was inserted to the left hand dorsum and IV fluids were started for hydration. Subsequent progress note of 02/28/20 at 0416 documents R77 receiving IV fluid (IVF) for dehydration, constipation and concentrated urine. R77 also started on antibiotics for asymptomatic urinary tract infection (UTI). The last entry regarding IVF was dated 03/02/20 at 00:02.	4 136	provided to the DON/designee for further review and needed interventions. The DON/designee will report the results of the audits for 90 days, along with any corrective action to the QAPI committee for review and further recommendations and until substantial compliance is achieved and maintained. Weekly random observation audit of 2 residents requiring perineal care will be completed by Unit Manager/DON or designee to observe for any educational opportunities regarding proper technique. RD will complete the hydration audit to ensure residents are offered & encouraged sufficient fluids to maintain proper hydration. Results of these audits for 30 days will be tracked, trended and to the QAPI committee to determine when substantial compliance has been achieved.	
4 149	11-94.1-39(b) Nursing services  (b) Nursing services shall include but are not limited to the following:  (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;	4 149		4/20/20

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4 149	<p>Continued From page 4</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 observation, record review, interview with family members and staff members, the facility failed to provide nursing services to assure a resident attains the highest practicable physical well-being, as determined by resident assessments and individual plans of care.</p> <p>Findings include:</p> <p>1) Resident (R) 77 was admitted to the facility on 01/24/20 with a coccyx Stage 1 pressure injury (PI). On 02/08/20, the coccyx (PI) worsened. Subsequently, the coccyx PI was assessed on 02/26/20 as an unstageable PI with possible deep tissue injury (DTI). R77 also developed a facility-acquired Stage 2 PI to the left medial heel on 02/18/20. Based on an assessment (root cause analysis), the facility did not revise R77's care plan to include interventions to further prevent skin breakdown.</p> <p>2) R77 was admitted to the facility with a urinary tract infection (UTI). R77 later presented with signs and symptoms of dehydration, requiring intravenous fluids, three liters from 02/27/20 to 03/01/20. The facility did not revise R77's care plan to include interventions to further prevent dehydration. The facility did not identify fluid</p>	4 149	<p>Corrective Action</p> <p>R77 was admitted status post repair of a displaced intertrochanteric fracture of the left femur and required extensive physical assist with bed mobility. R77 continues to reside in this facility after a successful completion of her rehab stay. R77's left heel injury resolved on 4/8/20. The coccyx wound has significantly improved. She was also admitted to the facility with an active UTI with E.coli with antibiotic treatment. On 3/18/20 her course of antibiotics was completed to treat her urinary tract infection. UTI resolved. She has no active signs of dehydration and is actively participating in meal and fluid intake</p> <p>Identification of others</p> <p>On 3/16/20 an audit was completed of resident Braden Scores to identify residents at risk for pressure injuries. The audit revealed 5 additional residents in the high risk category. Of the 5 identified, 4 discharged from the facility with no pressure injury and skin intact. The one remaining residents were reviewed. One identified at risk admitted with bilateral DTI's that are resolving.</p>	

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4 149	<p>Continued From page 5</p> <p>goals and monitor the resident's intake and output to ensure goals are met. R77 remains at risk for recurrence of dehydration.</p> <p>3) R77 was admitted to the facility with a urinary tract infection (UTI). The identified organism is E. coli. R77 has received antibiotic treatment for UTIs and currently is receiving an antibiotic prophylactically for a reportedly asymptomatic UTI. R77 remains at risk for recurrence of dehydration which prevents organisms from being flushed out through urination and the long-term use of antibiotics places R77 at risk for multi-drug resistant organism (MDRO) infections.</p>	4 149	<p>Systematic Changes</p> <p>Braden Scale will be completed by nurses at the time of admission, weekly for the first 4 weeks, then monthly thereafter. Braden scores will be reviewed weekly to identify those at high risk for skin breakdown. For residents identified, care plans will be updated to include off loading and position changes.</p> <p>The skin condition for each resident is visualized upon admission and weekly thereafter by the Nurse. Abnormal skin conditions are documented, the physician is notified, and treatment is obtained, as appropriate.</p> <p>The skin condition for each resident is visualized by the CNA during bathing and routine care. If an abnormal skin condition is identified, the nurse is notified for further evaluation and follow-up.</p> <p>Residents identified at high risk for poor hydration as evidence by poor intakes, altered labs, IV fluids, and change in fluid consistency, and/or change in physical functioning will be discussed in IDT (RAR) each week. Interventions will be added to physician orders as determined by IDT. Fluid preferences will be identified on the tray card for all residents. CNAs were educated on 3/18/2020, Licensed Nurses 3/25/2020 which specifies that most supplements are to be given between meals for added hydration. Nursing will monitor % consumed. This will promote beverages of choice at meals and additional fluids/nutrition between meals. Monitoring of systemic changes</p> <p>Skin checks and wound observation tools will be audited each week by the DON/Unit Mangers/ or designee to ensure care</p>	

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4 149	Continued From page 6	4 149	plans and treatments reflect prevention and promote resolution of pressure injuries. Results of this audit will be provided to DON for follow up and additional training of nurses as needed. MDS or designee will conduct weekly reviews of the Braden Assessments completed that week to ensure care plan and treatments are updated and reflective of the current status of the resident. SDC or designee will complete Visual Observation audits weekly for 2 identified residents to determine if they are in proper position according to the care plan and status. The results of these audits will be provided to the DON/designee for further review and needed interventions. The DON/designee will report the results of the audits for 90 days, along with any corrective action to the QAPI committee for review and further recommendations and until substantial compliance is achieved and maintained. RD will complete the hydration audit for the next 90 days to ensure residents are offered & encouraged sufficient fluids to maintain proper hydration Results of these audits will be taken to the QAPI committee for review and determined when substantial compliance has been achieved.	
4 159	11-94.1-41(a) Storage and handling of food  (a) All food shall be procured, stored, prepared, distributed, and served under sanitary conditions.  (1) Dry or staple food items shall be stored above the floor in a ventilated room not subject	4 159		4/17/20

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4 159	<p>Continued From page 7</p> <p>to seepage or wastewater backflow, or contamination by condensation, leakages, rodents, or vermin; and</p> <p>(2) Perishable foods shall be stored at the proper temperatures to conserve nutritive value and prevent spoilage.</p> <p>This Statute is not met as evidenced by: Based on observation, interview with staff members and review of the facility's policy and procedures, the facility failed to store food in accordance with professional standards for food service safety. The facility labeled food items; however, did not dispose of the items in accordance with their policy and procedure. The facility also had food items stored on the floor and a contractor walking through the kitchen without a hair restraint.</p> <p>Findings include:</p> <p>1) On 03/03/20 at 09:45 AM an initial tour of the kitchen was completed with the Food Service Manager (FSM) and the Registered Dietitian (RD) for part of the tour. The observation found the following items stored in the refrigerator, labeled with description of the item and dated: garlic butter (02/18/20); ketchup (02/24/20); mushroom (02/22/20); spaghetti sauce (02/10/20); and a bowl containing chopped cabbage, fish cake and noodles (02/27/20). The FSM stated the bowl of cabbage, fish cake and noodles were prepped to make fried saimin. The FSM was asked how long are opened items kept before it is thrown out, the FSM reported three days. On the top shelf, there was a tub of miso with no label of open date. The FSM was asked how long are opened food items kept before it is thrown out,</p>	4 159	<p>Corrective Action All identified items listed in the refrigerator were disposed of during the surveyor tour. Items stored on the floor were delivered just before the kitchen survey began. As soon as the tour with the surveyor was completed, which was just after groceries were delivered, the delivered items were put away immediately on appropriate shelving as required by regulation and in keeping with our usual delivery process. The contactor was contacted immediately and educated about hair restraints expectations during any visits in the kitchen in. He was again reminded at the time of his next visit and was wearing proper hair restraint.</p> <p>Identification of others FSD completes a daily check of food to ensure proper labeling. Food has consistently been stored on proper shelving after delivery in a timely fashion. No other contractors have entered the kitchen without proper hair restraints since the date of the survey. Nothing further has been identified.</p> <p>Systematic changes Staff were educated on 3/3/20 during the course of the survey regarding food labeling and disposal of outdated food.</p>	



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4 159	<p>Continued From page 8</p> <p>the FSM reported three days. Also, observed a plastic container storing sliced ham cold cuts. The FSM removed the tub of miso and container of sliced ham. Dietary Staff (DS)1 was observed removing the ham from the container. The label affixed by the facility appeared to have a date of 02/21/20 (the label was compromised as it was squashed. However, Dietary Staff (DS)1 reported the date is 02/29/20. DS1 was asked how long food items are stored after opening. DS1 replied food items are usually kept for three days; however, the ham is cooked so it can be kept for up to two weeks.</p> <p>The RD provided the policy for Food Safety. The section entitled "Cold Food Storage" notes the following, "Leftovers are dated properly and discarded after 72 hours unless otherwise indicated". A review of the policy for "Labeling Food Items" notes the following, "Once the name of the food items is written on the label, the date that the item was opened also is written there" and "Use the recorded date to ensure that leftover food is used within the appropriate amount of time".</p> <p>2) Further observation with the FSM found a freezer with two stacks of boxes. The boxes on the bottom were stored on the floor. The FSM reported these items were just delivered and had not been put away. The boxes had manufacturers' label of bread, croissant, and butter spread. Observed the box placed on the floor of the refrigerator was wet and smashed. Inquired what was stored in this box, the FSM replied it may be pork butt.</p> <p>3) During the initial tour, observed a gentleman walking around the kitchen without a hair restraint. The FSM reported the gentleman was a</p>	4 159	<p>The FSD or his designee complete daily checks of the food storage to ensure compliance with labeling and disposing of outdate foods. A daily check list was implemented on 3/4/20 to document daily compliance observations by the FSD. Cooks were educated on 4/15/20 to ensure their compliance with daily observation documentation. Staff were also educated 3/3/20 to highlight their responsibility to ensure any service contractors wear proper hair restraints. Additionally, a sign has been placed on the two exterior kitchen doors to remind all vendors of the expectation for hair restraints when entering the food production area.</p> <p>Monitoring of systemic changes FSD reviews the compliance checklist daily for completion. If noncompliance is found on the checklist, the FSD will follow up with the cook to investigate the variance and expectation. The compliance checklist will be audited with a summary report provided to the QAPI committee for trending for the next 60 days.</p>	

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4 159	<p>Continued From page 9</p> <p>contractor and working on the refrigerant. Inquired whether the contractor is required to wear a hair restraint. The FSM replied, he/she would follow up on this.</p> <p>Interview with the RD confirmed contractors in the kitchen should also wear a hair restraint.</p>	4 159		