

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HALE OLA KINO	STREET ADDRESS, CITY, STATE, ZIP CODE 1314 KALAKAUA AVENUE, 2ND FLOOR HONOLULU, HI 96826
--	--

(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>Due to the COVID-19 pandemic, a focused relicensing survey was conducted by the Office of Health Care Assurance on April 23, 2020. The regulatory requirements included, 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 the Hawaii Administrative Rules, Title 11, Chapter 94.1, Nursing Facilities requirements for the regulatory requirement of Infection Control.</p> <p>Total residents: 28. There were no residents or staff members that tested positive for COVID-19. At the time of entrance, there was one resident that was tested for COVID-19. The results of the resident's test was found to be negative.</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 on review of the facility's cleaning logs, staff interviews, and review of the facility's policy and procedures, the facility failed to ensure staff members consistently implement the procedures for environmental cleaning and sanitization, primarily in the rehab department. The rehab department provides therapy services for newly admitted residents who are placed on a 14-day</p>	4 203	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>- Log Sheets: Upon learning of the deficient practice, Infection Preventionist (IP) and Environmental Services</p>	5/26/20

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

TITLE

(X6) DATE

Electronically Signed

05/22/20

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HALE OLA KINO	STREET ADDRESS, CITY, STATE, ZIP CODE 1314 KALAKAUA AVENUE, 2ND FLOOR HONOLULU, HI 96826
--	--

(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
4 203	<p>Continued From page 1</p> <p>surveillance for the coronavirus; therefore, it is important to ensure the sanitization of high touch areas and equipment to reduce the risk of potentially spreading the coronavirus. Also, 4 of 6 therapists provide therapy services at other facilities, resulting in staff members possibly being carriers, spreading the coronavirus amongst the various facilities.</p> <p>Findings include:</p> <p>On 04/22/20 at 09:35 AM, inquired with the Rehabilitation Therapy Manager (RTM) regarding the facility's sanitization process of the rehab therapy room and equipment. RTM stated rehab staff only sanitizes therapy equipment. Requested documentation regarding cleaning/sanitization of the rehab therapy equipment and rehab therapy room. Inquired with RTM regarding rehab therapy staffing and other facilities which are serviced by the rehab therapy staff. RTM provided staffing information that documented 4 of 6 rehab therapy staff worked at other facilities. A review of the rehab therapy staff schedule found from 03/23/20 to 04/21/20 the four staff members had 53 different occasions of working at other facilities. Due to rehab therapy staff regularly providing services to other facilities and residents, it is imperative that the facility is more vigilant in cleaning/sanitizing rehab therapy equipment and commonly shared work area (computer, keyboard, telephone, desktop etc.), a request was made of documentation of sanitization of the rehab therapy room.</p> <p>On 04/22/20 at 09:58 AM, conducted a follow-up inquiry with rehab therapy staff (RTS)1, regarding cleaning of rehab therapy equipment and common shared work area (computer, keyboard,</p>	4 203	<p>Supervisor (EVSS) met and revised High Touch Areas log sheets to be more user friendly and meets the requirements of the protocols.</p> <p>- Cleaning/Sanitizing therapy equipment: Upon learning of the deficient practice, IP and Rehab Therapy Manager (RTM) met and revised protocols to ensure proper cleaning and disinfecting will be completed.</p> <p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>- Log Sheets: All the residents have the potential to be affected. The EVS supervisor and IP removed all log sheets and updated with new. Staff was re-trained on the protocols using the newly-revised form.</p> <p>- Cleaning/Sanitizing therapy equipment: All the residents have the potential to be affected. The IP and RTM revised infection control protocols to include proper disinfecting/sanitizing of therapy equipment to include but not limited to gait belts, dumb bells, keyboard, telephone, computer area, iPad, etc. prior to resident therapy session and after resident therapy session.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;</p> <p>- Log Sheets: Housekeeping staff were re-educated regarding sanitizing high</p>	

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HALE OLA KINO	STREET ADDRESS, CITY, STATE, ZIP CODE 1314 KALAKAUA AVENUE, 2ND FLOOR HONOLULU, HI 96826
--	--

(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
4 203	<p>Continued From page 2</p> <p>telephone, desktop etc.) within the rehab therapy room. RTS1 he/she does not clean the common shared work area and equipment is cleaned only after the equipment has been used. Inquired how does staff ensure the item was cleaned after the last use. RTS1 stated, if it is (equipment) is put back on the rack or wherever it is assumed it has been cleaned. RTS1 also stated, rehab therapy staff does not clean the keyboard, computer area, or the telephone. On 04/22/20 at 10:15 AM, a second observation of the rehab therapy room found a fabric stretch strap hanging on the wall. Inquired how rehab staff sanitized the fabric strap after use. RTM stated the strap should be washed through the facility laundry. Inquired when was the strap last laundered. RTM stated he/she did not know when the fabric stretch strap was last laundered and could not ensure the fabric stretch strap was indeed clean. RTM confirmed, the expectation is that rehab equipment is cleaned after use, but there was no way to be sure if the rehab equipment was in fact clean and ready for use with the next resident.</p> <p>On 04/22/20 at 10:20 AM, after requesting documentation regarding cleaning/sanitization of the commonly shared work area, RTM and this surveyor approached the Infection Preventionist (IP) at the nursing station. Inquired with both RTM and IP regarding documentation verifying sanitization of the therapy room. IP stated the facility implemented a policy and procedure which addresses sanitizing of high touch areas throughout the facility which monitors and tracks the sanitization of various areas throughout the facility (nursing station, rehab therapy room, medical record room, and the living room). The IP explained The High Touch Area Cleaning Logs (HTAC Logs) are in binders and placed in various areas throughout the facility. The log documents</p>	4 203	<p>touch areas according to facility procedural guidelines. EVSS/designee inspects areas daily to ensure compliance and log-sheets completed correctly.</p> <p>- Cleaning/Sanitizing therapy equipment: Therapy staff were re-educated regarding disinfecting/sanitizing therapy equipment, including but not limited to gait belts, dumb bells, keyboard, telephone, iPad, computer area, etc. according to facility procedural guidelines. Additionally, therapy kits were created and assigned to each therapist which are used to sanitize equipment before and after use. The RTM will inspect therapists daily to ensure compliance. IP will observe and audit 2x/week to ensure competency and compliance.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place; - Log Sheets: IP will monitor and audit 2 times per week for the next 30 days and then continue monitoring monthly for the next 90 days. These reports will be submitted to the Administrator for review by the QAA committee. - Cleaning/Sanitizing therapy equipment: IP will monitor and audit 2 times per week for the next 30 days and then continue monitoring monthly for the next 90 days. These reports will be submitted to the Administrator for review by the QAA committee.</p>	

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HALE OLA KINO	STREET ADDRESS, CITY, STATE, ZIP CODE 1314 KALAKAUA AVENUE, 2ND FLOOR HONOLULU, HI 96826
--	--

(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
4 203	<p>Continued From page 3</p> <p>the sanitization of high touch items within the designated areas, four times a day. This surveyor requested the rehab therapy binder and the HTAC Logs from RTM and IP. Both RTM and IP, could not produce the binder containing the HTAC Logs for the rehab therapy room. IP then stated the Environmental Services Supervisor (ESS) has the cleaning logs for the rehab therapy room.</p> <p>A copy of the policy and procedures relating to the HTAC Logs was also requested. At this time, the IP could not produce a copy of the policy and procedure. Additionally, HTAC Logs were provided for the living room, by the Wellness Director (WD) and medical record room by medical record staff (MRS)1. Upon review, the living room HTAC Logs were missing week 1 and week 2. The WD stated the missing logs were placed in the IP's interoffice mailbox to be reviewed. IP stated he/she had not yet seen the living room HTAC Logs in his/her mailbox and proceeded to retrieve the HTAC Logs from her mailbox near the nursing station. On 04/22/20 at 10:50 AM, due to IP identifying that ESS had the HTAC Logs for the rehab therapy room, requested with ESS to review all housekeeping documentation of cleaning/sanitization of the rehab therapy room to include the HTACL. Received a copy of the housekeeping's HTAC Logs from ESS at 11:08 AM. A review of the logs documented housekeeping sanitized a total of 9 areas, which did not include the rehab therapy room.</p> <p>On 04/22/20 at 11:10 AM, this surveyor met with the IP, Administrator, and ESS. The team confirmed all documentation for cleaning/sanitizing and HTAC Logs for the rehab therapy room was provided. Inquired regarding</p>	4 203		

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HALE OLA KINO	STREET ADDRESS, CITY, STATE, ZIP CODE 1314 KALAKAUA AVENUE, 2ND FLOOR HONOLULU, HI 96826
--	--

(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
4 203	<p>Continued From page 4</p> <p>the lack of documentation of staff cleaning/sanitizing the rehab therapy room to which IP and ESS could not provide an explanation or further evidence housekeeping was cleaning/sanitizing high touch areas in the rehab therapy room. Inquired who is responsible to ensure the HTAC Logs are completed and reviewed. The ESS stated he/she is responsible for reviewing and ensuring housekeeping HTAC Logs are completed, and IP confirmed he/she was responsible for the other areas. Inquired regarding how the facility will ensure surveillance of HTAC Logs are reviewed. The Administrator stated, the logs should be collected weekly, analyzed, and adjustments implemented as needed. This surveyor pointed out week 1 and week 2 of HTAC Logs were placed in IP's mailbox, yet IP did not know the HTAC Logs had been submitted. The Administrator stated facility staff will be more diligent with surveillance of HTAC Logs.</p> <p>On 04/22/20 at approximately 01:30 PM, the state agency conducted a telephone interview with the Administrator, Director of Nursing (DON), IP, ESS, and other facility staff. A third request was made for the facility's policy and policy regarding cleaning of high touch areas and logs. The DON stated the HTAC Logs were completed and under surveillance. The DON was informed upon request, the HTAC Logs could not be produced for rehab therapy room. Further inquired if the facility has identified other staff members who work at other facilities, the DON stated there are some certified nurse aides (CNAs) and registered nurses (RN) that work at other facilities. Reviewed 4 of 6 rehab therapy staff consistently worked at other facilities a total of 53 different occasions from 03/23/20 to 04/21/20. Furthermore, due to rehab therapy staff regularly</p>	4 203		

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HALE OLA KINO	STREET ADDRESS, CITY, STATE, ZIP CODE 1314 KALAKAUA AVENUE, 2ND FLOOR HONOLULU, HI 96826
--	--

(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
4 203	<p>Continued From page 5</p> <p>providing services to other facilities and residents, it is imperative that the facility is more vigilant in cleaning/sanitizing rehab therapy equipment and commonly shared work areas (computer, keyboard, telephone, desktop etc.). The DON stated there is documentation of HTAC Logs for the rehab therapy room.</p> <p>On 04/22/20 at 06:21 PM, received an email from the Administrator which contained the High Touch Areas Daily Cleaning Log for the rehab therapy room despite IP, RTM, ESS, and the Administrator all previously confirming there were no logs completed for the rehab therapy room. Also received the facility's policy and procedure entitled Housekeeping: Health Center High Touch Area Daily Cleaning. Reviewed the facility's policy and procedure, Housekeeping: Health Center High Touch Area Daily Cleaning, which was implemented on 04/01/20. The purpose of the policy is to sanitize high touch areas in the health care center at least 4 times daily, collaboratively by the housekeeper on duty and business office personnel. Guidelines of the policy entail, aside from the regular scheduled duties assigned to the housekeeper on duty, he/she will also sanitize areas as per the High Touch Areas Daily Cleaning Log. Log needs to be checked, signed and surrendered to the environmental service supervisor at the end of each day. Environmental service supervisor in conjunction with the infection preventionist reviews and audits log for completion.</p> <p>On 04/23/20, reviewed the High Touch Area Cleaning Log for 04/6/20 to 4/22/20. There is no documentation for the rehab therapy room for the period of 04/01/20 through 04/05/20. The staff did not document on the rehab therapy HTAC Log the rehab therapy room was cleaned at least four</p>	4 203		

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HALE OLA KINO	STREET ADDRESS, CITY, STATE, ZIP CODE 1314 KALAKAUA AVENUE, 2ND FLOOR HONOLULU, HI 96826
--	--

(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
4 203	Continued From page 6 times. Further review of all documentation on the HTAC Log, noted missing initials indicating areas of the living room and nursing stations were not cleaned at least four times daily. For example, on 04/21/20, HTAC Logs for the nursing station documents high touch areas were cleaned twice on the nursing station log and there was no documentation in the housekeeping HTAC log the nursing station was cleaned by housekeeping.	4 203		