

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2020
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NAME OF PROVIDER OR SUPPLIER KALAKAUA GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 1723 KALAKAUA AVENUE HONOLULU, HI 96826
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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 03/10/20 though 03/13/20. The facility was found not to be in substantial compliance with 42 CFR subpart B.</p> <p>Survey Dates: March 10, 2020 to March 13, 2020.</p> <p>Survey Census:: 43</p> <p>Sample Size: 13</p>	4 000		
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: Based on observation, record review and interview, the facility failed to provide an ongoing activity program for Resident (R) 25. The facility must provide, based on the comprehensive assessment, activities to support his physical, mental and psychosocial wellbeing. This deficient practice has the potential to affect other residents who may be vulnerable and dependent on staff for their activity program.</p> <p>Findings include: Observations: R25 was found to be in his room, in his/her bed with no television, music or visitors on the following dates and times: 1) 03/10/20 at 0912 AM 2) 03/10/20 at 12:30 PM 3) 03/11/20 at 0830 AM</p>	4 145	<p>4145 The Activities Coordinator reviewed resident #25's activities record. Staff didn't chart when resident #25 refused to participate in activities and what alternatives were offered, i.e. turning on his TV to sports. It was noted that when the resident yells, it may be because the resident likes or dislikes the activity. Staff will document the resident's reaction, as well as what alternatives were offered, if any. March 23, 2020.</p> <p>The Activities Coordinator and/or Assistants re-evaluated the long-term residents' activities' participation. The short-term residents were more</p>	4/27/20

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

TITLE

(X6) DATE
04/18/20

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4 145	<p>Continued From page 1</p> <p>4) 03/11/20 at 10:15 AM 5) 03/11/20 at 12:47 PM</p> <p>On multiple visits to R25's room (as noted above), R25 was found to be playing with his diaper. R25 is verbal and states that he wants to "get out of here." He is looking for money in his diaper. Bed was noted to be in low position with pads on floor. No outside stimuli noted. Residents legs are contracted. Resident feeds himself with one hand.</p> <p>Record Review (RR) was done on 3/13/20 at 09:26 AM No activity care plan was noted in the record. The care plan states that R25 eats in the dining room; however, this was not observed.</p> <p>On 03/13/20 at 09:33 AM a concurrent RR and Interview was done with the activity coordinator (AC) of activities. AC stated he/she eats in a wheelchair in the dining area. They try to bring him out, and he has been grouchy. The last time he/she had activities was 03/02/20. Asked if there was documentation of refusal for activity care plan. No documentation provided. Record for activity participation was provided for 03/02/20. AC stated this was the last recorded activity participation.</p> <p>This deficient practice has the potential to affect other residents who are dependent on the facility for individual and independent activities.</p>	4 145	<p>participatory. When residents do not participate in groups, staff go into the resident's room and provide approximately 20-minute in-room activities, i.e. reading Bible scriptures, crocheting, puzzles, arts & crafts, reminiscing.</p> <p>Staff [licensed, CNAs, Activities] were educated on the need to document residents' participation in activities; refusal to participate and offering alternatives. March 25, 27; April 6 & 8, 2020.</p> <p>Kalakaua Gardens hired another Activities Aide to support the Activities Program, to assist in-room visits, especially during the COVID-19 restrictive group activities, review and/or update all Care Plans, attend quarterly IDT meetings with resident/family to promote more variety of stimulus for each resident.</p> <p>The Activities Coordinator and/or designee will audit the documentation of resident's participation in activities and alternatives being offered when residents refuse to participate in other planned activities, weekly x 2 weeks, biweekly x 2 weeks, monthly thereafter. March 23, 2020.</p> <p>Results of the audits will be reported to the Quarterly Quality Improvement Committee Meeting as well as the Board of Directors. April 27, 2020 and ongoing.</p>	
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>	4 149		4/27/20

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4 149	<p>Continued From page 2</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: Findings Include:</p> <p>Based on observation, record review and interview, the facility failed to ensure a person-centered, baseline care plan was developed for three of 13 residents (Residents (R) 88, 13 and 30) selected for review. As a result of this deficient practice, other newly admitted residents have the potential of not having their baseline care plans developed and provided to them.</p> <p>Record reviews for R88, R13, R30 and R139 revealed these residents did not have a person centered, baseline care plan developed within 48</p>	4 149	<p>4149.1 Resident #88's Baseline Care Plan was found on March 20, 2020.</p> <p>4149.2 Resident #13's Baseline Care Plan was found on March 20, 2020.</p> <p>4149.3 Resident #30's Baseline Care Plan was not found.</p> <p>4149.4 Resident #139's Baseline Care Plan was found on March 20,2020. Records have since been scanned and uploaded into PCC [EMR].</p>	

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4 149	<p>Continued From page 3</p> <p>hours of their admission to the facility. As a result, the facility failed to provide these resident and/or their representatives with a summary of the required baseline care plans.</p> <p>1)R88 was admitted on 03/06/2020 for short term rehabilitation (STR) after suffering a fracture of her left femur, amongst other diagnoses. The resident was observed undergoing skilled physical therapy (PT), occupational therapy (OT) and speech therapy (ST) services. On 03/10/20 at 10:07 AM, R88's family member (FM) stated she did not recall receiving any baseline care plan nor a written summary of initial goals, medications, dietary instructions, etc., although they did have an initial meeting with certain staff. On 03/12/20 at 02:13 PM, during an interview with RN1, she with verified that the baseline care plan for this resident was not done for R88.</p> <p>2) R13 was admitted on 01/09/20 for STR after suffering a stroke. However, upon review of his record, there was no baseline care plan found. On 03/10/20 at 12:27 PM, during an interview with R13's FM, the FM said as his representative, there was no written summary of his baseline care plan provided to them.</p> <p>3) Similarly, for R30, who was admitted on 02/12/20 for STR with diagnoses including Type 2 Diabetes Mellitus (DM) and major depressive disorder, there was no record of a baseline care plan found for him.</p> <p>On 03/13/20 at 12:55 PM, during an interview with the Minimum Data Set Coordinator (MDS-C), she confirmed there was no baseline care plans for R13 and R30.</p> <p>4) R 139 was admitted on 03/05/20 for an acute</p>	4 149	<p>Kalakaua Gardens has hired a new Health Information Assistant who will begin in early May. A Medical Records QAPI has been initiated regarding timely handling of medical records. March 16, 2020.</p> <p>Inservice was conducted with the nursing staff regarding the importance of the Baseline Care Plan being completed upon admission. March 25, 27; April 6 & 8, 2020.</p> <p>New admission records were audited for Baseline Care Plans. Baseline Care Plans were completed for all new admission as of March 26, 2020.</p> <p>The Director of Nurses and/or designee will continue auditing all new admissions for Baseline Care Plans, weekly x 2 weeks, biweekly x 2 weeks, monthly thereafter, beginning March 16, 2020 and ongoing.</p> <p>Results of the audits will be reported to the Quarterly Quality Improvement Committee meeting as well as the Governing Board, beginning April 27, 2020.</p>	

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4 149	Continued From page 4 urinary tract infection that required an indwelling Foley. Surveyor reviewed his/her record on 03/12/20. there was no baseline care plan developed within the first 48 hours. Interview on 03/13/20 at 10:06 AM with RN1 who confirmed that no 48-hour care plan was done.	4 149		
4 153	11-94.1-40(a) Dietary services (a) The food and nutritional needs of the residents shall be met through a nourishing, well-balanced diet in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, and shall be adjusted for age, sex, activity, and disability. (1) At least three meals shall be served daily at regular times with not more than a fourteen hour span between a substantial evening meal and breakfast on the following day; (2) Between meals nourishment that is consistent with the resident's needs shall be offered routinely and shall include a regular schedule of hydration to meet each resident's needs; (3) Appropriate substitution of foods shall be promptly offered to all residents as necessary; (4) Food shall be served in a form consistent with the needs of the resident and the resident's ability to consume it; (5) Food shall be served with appropriate utensils;	4 153		4/27/20

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4 153	<p>Continued From page 5</p> <p>(6) Residents needing special equipment, implements, or utensils to assist them when eating shall have the items provided by the facility; and</p> <p>(7) There shall be a sufficient number of competent personnel to fulfill the food and nutrition needs of residents. Paid feeding attendants shall be trained as per the facility's state-approved training protocol.</p> <p>This Statute is not met as evidenced by: Based on observation, record review, interview and review of the facility's policy, the facility failed to ensure each resident received food prepared in a form designed to meet his/her individual needs for 4 of 13 residents (Residents (R) 13, 30, 6 and 28) selected for review. This deficient practice had the potential to affect all residents currently residing in the facility.</p> <p>Findings Include: 1. R13 was admitted on 01/09/20 for short term rehabilitation (STR) after suffering a stroke. During the lunch observation on 03/10/20, the resident's lunch consisted of a brown sausage cut up into large chunked pieces. Review of his meal ticket noted his diet was listed as "Moist minced, Cardiac." R13's family member (FM) who assisted R13 to eat, stated the sausage pieces were not minced but regular bite-sized pieces.</p> <p>On 03/11/20 at 07:57 AM, during a follow-up observation of R13's breakfast meal, the FM said, "Do you think this is moist minced?" and pointed to a breakfast meal which was a plate of scrambled eggs in large portions. R13's meal ticket diet again stated, "Moist minced," and the hot food item was listed as farmer omelet with no</p>	4 153	<p>4153.1 Food consistency was reviewed for resident #13 and confirmed to be the appropriate consistency. March 16, 2020.</p> <p>4153.2 Food consistency was reviewed for resident #30 and confirmed to be the appropriate consistency. March 16, 2020.</p> <p>4153.3 Food consistency was reviewed for resident #6 and confirmed to be the appropriate consistency. March 16, 2020.</p> <p>4153.4 Food consistency was reviewed for resident #28 and confirmed to be the appropriate consistency. March 16, 2020.</p> <p>The food consistency for other residents on special diets were also reviewed and found to be appropriate. March 16, 2020.</p> <p>Inservice was conducted on the food consistency and diet nomenclature; proper serving, checking the tray ticket to food</p>	

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4 153	<p>Continued From page 6</p> <p>ham. The FM said this happened often where the ordered diet was not correct. The FM was then observed chopping it into smaller pieces before serving it to R13.</p> <p>2. During an observation of R30's breakfast meal on the morning of 03/11/20, his meal ticket noted his diet was moist chopped with the hot item listed as farmer omelet with no ham, along with ½ cup of oatmeal and a scoop of white rice. It was found however, R30's omelet was made like regular scrambled eggs, not chopped at all, with a little brown gravy on it.</p> <p>On 03/11/20 at 08:11 AM, CNA6 who was present at R30's bedside, was asked if R30's main hot item was the right diet of being chopped. She replied, "Not really. This one is chopped," and pointed to the fruit cup on his tray, which she said was watermelon and that it was "chopped" into small pieces. CNA6 said about the farmer omelet, "It is regular to me because if you scoop it up, (which she did using the fork), it's big pieces, look like this showing how a big, thick piece of scrambled egg was hanging off the fork.</p> <p>3. During the lunch tray line observation on 03/12/20, it was found for R6, her meal ticket diet order was "Moist Minced, Regular Diet," with the hot item to be barbequed (BBQ) chicken. However, observation found the BBQ chicken was not minced, but of a larger, chopped consistency. Also her blueberry pie was a whole sliced pie and was not minced as seen on another resident's tray with a minced consistency diet.</p> <p>4. Also during the 03/12/20 lunch tray line observation, R28 had a whole hamburger which was cut into four quarters. Her meal ticket</p>	4 153	<p>plated, and served. Dietary staff: March 12, 2020. Nursing staff: March 25, 27: April 6 & 8, 2020.</p> <p>a) Pictures of the appropriate consistency was posted in the kitchen and in the SNF unit so staff can confirm the right consistency as ordered.</p> <p>b) The definition/nomenclature of the diet was clarified.</p> <p>c) Dietary/Dietitian is standardizing the consistency menu to: Regular, Mechanical Soft, Dysphagia Ground and Puree. Gravy is to be added for all meat that has been altered.</p> <p>d) A triple check system has been initiated so the cooks who plate the food, staff who place the food on the resident's tray, and the staff who ultimately serves the food to the resident checks for accuracy and proper consistency. Beginning April 2, 2020 and ongoing.</p> <p>The Director of Nurses and/or designee has been randomly checking 10 trays to ensure the diet ordered is the right consistency that is being served, 4 weeks, biweekly x 2 weeks, and monthly thereafter, beginning April 2, 2020. To date, there hasn't been any discrepancies noted.</p> <p>Results of the audits will be reported to the Quarterly Quality Improvement Committee as well as the Board of Directors, April 27, 2020 and ongoing.</p>	

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4 153	<p>Continued From page 7</p> <p>however, listed her diet to be a moist, minced diet and the hot item was supposed to have been 3 ounces of minced BBQ chicken, and not a whole hamburger quartered as plated.</p> <p>On 03/12/20, the Food Service Manager (FSM) on 03/12/20, verified the diets that were given to R13, R30, R6 and R28 were not prepared to the correct form and consistency. The FSM said he had since provided an in-service to the dietary staff, including the kitchen cooks who prepared the various therapeutic diets for the main food items.</p> <p>The FSM produced the facility's policy, "Food and Nutrition Services Menus and Therapeutic Diets" (07/2018) which stated, "Purpose: To have menus that are developed and prepared to meet resident choices while meeting their nutritional needs and in the appropriate form, as prescribed by a physician to support the resident's treatment and plan of care, . . ." These four residents' therapeutic diet were prescribed by their respective attending physicians, but there was a failure by the kitchen staff to prepare and serve the correct consistency/form and/or the accurate food item.</p>	4 153		
4 175	<p>11-94.1-43(c) Interdisciplinary care process</p> <p>(c) The overall plan of care shall be reviewed periodically by the interdisciplinary team to determine if goals have been met, if any changes are required to the overall plan of care, and as necessitated by changes in the resident's condition.</p> <p>This Statute is not met as evidenced by:</p>	4 175		4/27/20

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4 175	<p>Continued From page 8</p> <p>Based on observation, record review and interview, the facility failed to ensure resident care plans were reviewed and revised by the interdisciplinary team for 3 of 13 residents (Residents (R) 13, R4 and 14) selected for review. This deficient practice has the potential to affect all residents whom revisions to their care plans would be needed after each assessment.</p> <p>Findings Include:</p> <ol style="list-style-type: none"> On 03/10/20 at 12:27 PM, during an observation of R13 in his room, he stated he had fallen in the facility after his admission. He said, "I landed right on the floor. I fell on the floor before got to bed." R13 could not recall other specific details, but R13's family member (FM) said it occurred during his transfer from a chair to his bed, and that he fell before reaching the bed. <p>R13's record revealed he fell on 03/01/20. A 03/02/20 nursing progress note stated, "Alertness/Cognition/ Orientation: AOx2-3. Able to follow commands. No fluctuations to mental status noted. . . Concerns: No delayed trauma from assisted fall.. The resident's functional status ability is: The resident requires extensive assist with bed mobility; extensive assist with transfers; . . . walking did not occur; and locomotion did not occur."</p> <p>A review of R13's comprehensive Fall care plan found it had not been revised to include this information and other measures to prevent future falls from occurring during such transfers. It was found R13's Fall care plan goals were last revised on 02/04/20, which was before the 03/01/20 fall. Those care plan interventions included: "Encourage/ remind resident to use mobility aides (walker, cane, crutches, etc.) when ambulating/</p>	4 175	<p>4175.1 Resident #13 has since been discharged.</p> <p>4175.2 The IDT reviewed resident #14's fall in Standup Meeting and interventions were added to the Care Plans. March 16, 2020.</p> <p>The Rehab Department and/or Restorative Nursing Assistant updates the SNF staff daily at Standup Meeting or minimally quarterly, on any significant changes. The Unit Manager then updates the resident's Care Plan.</p> <p>Licensed staff have been inserviced on the need to immediately conduct an RCA after each fall and enter interventions into the Care Plan. March 25, 27; April 6 & 8, 2020.</p> <p>The IDT reviews each fall for Care Plan revisions/interventions, at the next Standup Meeting and weekly at Falls Meetings.</p> <p>4175.3 The IDT reviewed the resident #4's Care Plan and the procedures for continence and incontinence, as well as resident's toileting interventions and frequency. It was noted that the staff were not following the Care Plan's interventions. This resident's Care Plan was reviewed and revised to the individual's needs. April 16, 2020.</p> <p>The nursing staff (licensed and CNAs) were inserviced on the importance of following the Care Plan's interventions and</p>	

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4 175	<p>Continued From page 9</p> <p>transferring to aide with fall prevention. Yet, his ADL (activities of daily living) care plan and Mobility care plan had differing interventions such as: "Transfer: The resident uses sliding board with 2 person assist to maximize independence with transferring or mechanical lift with 2 person assist . . . Ambulation: The resident uses 2 person extensive assist for transferring by using mechanical lift. Do not pull on R ARM. Support pt's back instead."</p> <p>On 03/13/20 at 12:08 PM, during an interview with the MDS-C, she said, "March first, the fall he had was from transfer to bed." She said the team discussed it and it also involved therapy to provide some assistance in the transfer for him. When the MDS-C was further queried if R13's care plan had been revised, she said, "No, it doesn't as the revision date was 01/21/20; and goal revision date is 02/04/20. I don't see any new items added on that 3/1 fall." She further said there should have been a revision to his Fall care plan which could have included, "having another staff member present during the transfer." She verified R13, "is a two person assist and we looked at it for his ADLs."</p> <p>The differing interventions in his care plans and the subsequent fall that happened revealed that comprehensive reviews were not being done to identify what R13's current functional status was (and to lessen the confusion of his ADL status). As such, with no revised fall care plan, staff were not provided with R13's current ADL status and how to appropriately transfer this resident to prevent future falls from happening.</p> <p>2. Review of R14's record found a 12/31/19 nursing progress which stated at 06:50 AM, the resident was found, "in her bathroom, sitting on</p>	4 175	<p>promoting continence and toilet continence of bladder and bowel; that includes offering frequent toileting as well toileting interventions as needed. It was stressed it is inappropriate to brief everyone. March 25, 27; April 6 & 8, 2020.</p> <p>The Director of Nurses and/or designee will conduct random audits for updated Care Plans, for 2 weeks, biweekly for 2 weeks and monthly thereafter, beginning March 26, 2020 and ongoing.</p> <p>The results of the audit will be reported to the Quarterly Quality Improvement Committee Meetings as well as the Governing Board, April 27, 2020 and ongoing.</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2020
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NAME OF PROVIDER OR SUPPLIER KALAKAUA GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 1723 KALAKAUA AVENUE HONOLULU, HI 96826
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4 175	<p>Continued From page 10</p> <p>the floor near the toilet. Resident was trying to use the bathroom unassisted and she missed the sit. Resident ambulated to bathroom and did not call for assistance. When checked, resident's brief are dry, she denies any dizziness or any complaints of pain, able to move upper and lower extremities with no issues. Resident did not have skid socks on. Walker is in the bedside and did not use it. Patient verbalizes 'I was trying to use the bathroom. I forgot to call.' Vital signs and neurochecks done baseline. Head to toe assessment baseline."</p> <p>R14's comprehensive Fall care plan states, "The resident is at risk for falls r/t (related to) muscle weakness and restless leg syndrome." However, this care plan revision date was 12/27/19, which was before her fall on 12/31/19.</p> <p>The resident also stated during her initial interview on 03/11/20 at 08:21 AM, that when she needed to be toileted, staff would not always come on time, especially when she needed to void. Cross-reference to findings at F689.</p> <p>During an interview with the MDS-C on 03/13/20 at 11:50 AM, she said after R14's 12/31/19 fall, they revised the Fall care plan to include, "Frequent rounding to resident's room. Ask residents if she wants to use the restroom." The MDS-C acknowledged the care plan's Goal revision date was not updated. The MDS-C also stated the intervention to frequently round, "To add in a time frame, get an idea from the resident an acceptable time frame for her, we need to meet that." This was not included in the revision initiated on 12/31/19.</p> <p>3) R4 was interviewed on 03/10/20 at 08:12 AM. R4 stated that her "butt is sore." It was</p>	4 175		

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4 175	<p>Continued From page 11</p> <p>determined that R4 was incontinent of urine and stool and that she wears secured briefs. Signs were observed posted in her room stating to use "no aloe wipes" for her peri care (cleaning of the private areas).</p> <p>R4 was observed on 03/11/20 at 01:11 PM lying on her back in bed. R4 stated that she has not gotten up to go to the restroom and that she urinates and defecates in her brief. It was observed that R4 was wearing a secured brief.</p> <p>R4's care plan was reviewed on 03/11/20. The care plan revealed that R4 has moisture associated skin damage (MASD) to her bilateral buttock and groin. These interventions for noted for her skin and bowel and bladder care: "After meals toilet resident as this will assist to empty her bowels as well as her bladder. She is still incontinent however this will assist in the healing process", "Place open brief under resident's buttocks and hips. Do not close it with tabs-leave open" and "Toileting program- CNA to assist to use the bedpan, commode, or toilet before and after meals, before and after going to activities, before and after going to bed and as needed 7x/week as tolerated."</p> <p>A 14 day look back flowsheet, with a start date of 03/12/20, of R4's bladder and bowel elimination task flowsheet, was reviewed. It showed that she was incontinent of bladder, continent once of bowel on 03/05/20, but mostly incontinent. In her toilet use, it was mostly marked "not available" due to her incontinence.</p> <p>In an interview with R4 on 03/12/20 at 08:37 AM, she stated that she does not get up to go to the toilet because she has to "wait a long time for them to come" and that she "just go in the</p>	4 175		

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4 175	<p>Continued From page 12</p> <p>diaper". R4 was observed wearing a brief with the tabs secured to the waist.</p> <p>A diaper change with R4 on 03/12/20 at 09:30 AM by certified nurse's assistant (CNA) 1 was observed. Reddened, thinning skin noted to right and left buttocks. R4 was incontinent of urine and stool.</p> <p>CNA1 was interviewed after the diaper change. She stated that she checks with the resident for toileting, 2 to 3 times in an 8-hour shift and before the resident gets up in the wheelchair. She states that the resident frequently refuses to go to the toilet.</p> <p>On 03/12/20 at 10:24 AM, the surveyor observed R4 lying in her bed on her back and she complains of her "butt" being sore. It was noted that her diaper was secured.</p> <p>In an interview with RN1 on 03/13/20 at 09:55 AM, she states that R4 is continent and incontinent of urine and stool and has frequent stools. When she calls for assistance to use the restroom, she is unable to wait for help and becomes incontinent.</p> <p>The staff failed to identify, revise and provide alternative interventions for R4's refusal to be toileted and difficulty in maintaining continence. They did not follow the interventions for her toileting program, did not leave her brief open and did not assist the resident to the toilet after meals, all of which were contributing to R4's ongoing incontinence and MASD.</p>	4 175		
4 205	11-94.1-53(b)(2) Infection control	4 205		4/27/20

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4 205	<p>Continued From page 13</p> <p>(b) The facility shall have provisions for isolating residents with infectious diseases until appropriate transfers can be made.</p> <p>(2) At least one single bedroom shall be designated as an isolation room as needed and shall have:</p> <p>(A) An adjoining toilet room with nurses' call system, a lavatory, and a toilet;</p> <p>(B) Appropriate hand-washing facilities available to all staff; and</p> <p>(C) Appropriate methods for cleaning and disposing of contaminated materials and equipment;</p> <p>This Statute is not met as evidenced by: Based on observation and interview, the facility failed to ensure it maintained an infection prevent and control program designed to provide a safe and sanitary environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>Findings Include:</p> <p>1) On 03/10/20 at 12:58 PM, CNA7 was observed assisting R30 to eat his lunch meal at bedside. During the time CNA7 was there, he first stood up, sat down and touched his glasses numerous times without sanitizing his hands before touching the utensil to feed R30 with. At 01:05 PM, CNA7 gave R30 soda to drink in a clear cup with a straw. Then CNA7 took off his glasses, put it back on his face, grabbed the fruit bowl with a spoon, and fed the resident some fruit. At 01:10</p>	4 205	<p>4205.1 The affected staff member was inserviced immediately on March 10, 2020.</p> <p>Another inservice on Infection Control [previously given on Jan 9; Feb 17, 18, 20, 24, 25, 26; Mar 3, 7, 10] was again given on March 16, 25, 27; April 6 & 8, 2020, regarding Infection Control, handwashing, and contamination by touching one's face while feeding a resident.</p> <p>4205.2 The licensed nurse was inserviced immediately and checked off for glucometer competency.</p> <p>Other licensed staff were inserviced again on glucometer cleaning. March 25, 27;</p>	

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4 205	<p>Continued From page 14</p> <p>PM, CNA7 touched his glasses again, then went back to feeding the resident. CNA7 said it was because he sweats a lot that made him touch his glasses often. At 01:12 PM, this time CNA7 touched his nose with left hand again then took off his glasses with his right hand, wiped his eyes with his left hand, put his glasses back on with his right hand and grabbed the spoon to feed the resident.</p> <p>Surveyor did not observe CNA7 to sanitize nor wash his hands during the entire time he assisted R30 to eat. When surveyor asked him about hand sanitization, CNA7 stood up and went to the hand sanitizer on the wall and sanitized his hands.</p> <p>On 03/11/20, the Nursing Home Administrator acknowledged this breach in infection control with the lack of hand sanitization by CNA7 based on the surveyor's observations.</p> <p>2) On 03/12/20 at 05:30 AM, an observation was made of a glucometer machine reading with a resident. After the reading, observed RN3 walk back to the medication cart and place the glucometer machine into case without cleaning.</p> <p>On 03/12/20 at 0600 AM, surveyor interviewed RN3 regarding how he/she cleans the machine. RN3 stated that he/she uses alcohol wipes. After discussion with RN3 of negligence to clean the Even Care glucose monitor, he/she then proceeded to clean the machine with alcohol wipes. Surveyor asked what the protocol was for cleaning the glucose machine. RN3 was not aware of the protocol. RN3 verbalized understanding of his/her deficient practice.</p> <p>Record Review on 03/13/20 of the Infection</p>	4 205	<p>April 6 & 8 2020.</p> <p>A licensed Clinical Laboratory tech was scheduled to perform semi-annual education and competency checks for Glucometer testing, calibration and cleaning on Monday, April 20, 2020 however, due to COVID-19, the inservice training has been postponed to Tuesday, May 26, 2020.</p> <p>4205.3 Staff were inserviced on the need for specific PPE for resident #7 as well as isolation cases, including donning, doffing PPE and PPE conservation practices on March 25, 27: April 6 & 8, 2020.</p> <p>A licensed nurse conducts Infection Control Rounds monthly which includes handwashing. Last being March 13, 2020.</p> <p>The Director of Nurses and/or designee will continue to conduct visual audits for infection control compliance for 2 weeks, biweekly x 2 weeks and monthly thereafter. April 16, 2020.</p> <p>The results of the audits will be reported to the Quarterly Quality Improvement Committee as well as the Board of Directors, April 27, 2020 and ongoing.</p>	

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4 205	<p>Continued From page 15</p> <p>Prevention and control Program (IPCP) under safe medication administration "monitors will be cleaned with alcohol between residents according to manufacturer's recommendation.</p> <p>3) A Contact Precaution (isolation imposed to prevent the transmission of bacteria transferred by direct contact) sign was observed to be posted outside of R7's room. The sign also displayed the required PPE (personal protective equipment) is gown and gloves to be worn prior to entry.</p> <p>During an interview with R7 on 03/11/20 at 07:31 AM, revealed that she was positive for Clostridium Difficile (a bacteria that causes diarrhea). There was no trash receptacle in the room to dispose of the gown and gloves worn by SA. There is the potential of transmission of the bacteria to clean surfaces outside of the room if the personal protective equipment is not disposed of inside of the room.</p> <p>On 03/11/20 at 08:12 AM, the surveyor observed RN2 enter R7's room without PPE donned.</p> <p>On 03/11/20 at 09:15 AM, the surveyor again observed an occupational therapist (OT) 8 enter R7's room without wearing a gown and a pair of gloves.</p>	4 205		