

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/22/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KAUAI CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9611 WAENA ROAD WAIMEA, HI 96796</b>
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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 05/22/2020. 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, Chapter 94.1, Nursing Facilities.</p> <p>Total residents: 53</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 observations and staff interviews the facility did not fully enforce the COVID-19 screening process to control the spread of infectious disease; and a housekeeper did not use aseptic technique while sanitizing residents' overbed tables.</p> <p>Findings Include:</p> <p>1) On 05/19/20 at approximately 10:30 AM entered the facility wearing a face cloth mask, behind a visitor, who was also wearing a face cloth mask. The visitor had already entered the</p>	4 203	<p>SPECIFIC RESIDENTS: No residents were identified to have been affected by this deficiency. The facility has not had any incidences of covid-19 or any other infectious disease outbreak.</p> <p>OTHER RESIDENTS: Residents have the potential to be affected by this practice and infection control practices will be done in accordance with professional standards and the facility's infection control policies and procedures.</p>	6/9/20

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

TITLE

(X6) DATE  
06/05/20

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4 203	<p>Continued From page 1</p> <p>facility, and opened the front entrance door for the surveyor. Right inside the front entrance door was a table on the left side of the doorway set-up to screen visitors. The table had a sign-in book, scanning type thermometer, gloves, a hand sanitizing bottle, and a box of surgical type face masks. On an adjacent table there was a plastic bin of cloth face masks labeled, "For Residents." The screening table was just inside the front entrance door and approximately six feet away were residents sitting in the activity room some with some residents wearing surgical face masks.</p> <p>The visitor stood by the screening table, signed in, sanitized her hands, looked at a staff member and walked through the activity area past residents into the conference room. After sanitizing hands and changing to a surgical face mask, inquired for the administrator or director of nursing (DON). The administrator came out and directed surveyor to sink to wash hands with soap and water, sign-in, and answer COVID-19 screening questions.</p> <p>During the interview of the administrator and DON on recommended Center for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS) COVID-19 directives for controlling the spread of the virus; shared observation of visitor entering the facility without being screened. Both Administrator and DON stated that all visitors should be screened each time they came into the facility. The only facility visitors allowed at the time were for essential services such as hospice, physicians and lab tech for blood work. . The visitor that wasn't screened attended the certified nursing assistance training held in the facility's conference room, and attendee's were to follow facility's visitor screening process.</p>	4 203	<p>Corrective Action #1:</p> <p>SYSTEMIC CHANGES: The identified individual involved received 1:1 education and disciplinary counseling. Screening and sanitizer station immediately moved to exterior of main entrance door with direct proximity still in view of nurses station. A drop box slot installed in main entrance door to ensure COVID-19 screening process is fully enforced to control the spread of infectious disease. All staff was re-educated on proper screening and infection control practice and procedures in accordance with regulations and facility protocols.</p> <p>MONITORING: Audits will be completed by the DNS/Designee to ensure COVID-19 screening process are fully enforced with daily audits for 2 weeks followed by audits 3x/week for 2 weeks followed by weekly audits for the next 3 months. Any issues identified will be addressed and corrected. Findings from the audits will be presented to the QAPI meeting for 3 months to ensure ongoing compliance and to identify the need for further education and/or system revision.</p> <p>TITLE OF PERSON RESPONSIBLE FOR CORRECTION DNS/designee will be responsible for ongoing compliance.</p> <p>DATE OF COMPLIANCE: Compliance will be met by 6/9/2020 and</p>	

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4 203	Continued From page 2  2) On 05/19/20 at 12:30 AM observed housekeeper using sanitizer sprayed onto clean cloth to wipe down the environment. The housekeeper sprayed sanitizer solution onto a clean cloth and started wiping down overbed tables. The residents in the activity area were sitting in their wheel chairs using overbed tables to do activities, and to eat and drink snacks. The housekeeper gloved his right hand and went from one table top to the next using the same cloth sprayed with sanitizing solution.. Two residents were still drinking their beverage, and the housekeeper lifted their cup with his non-gloved left hand, wiped the overbed table top, and moved to the next resident's table to repeat the process.	4 203	on an ongoing basis.  Corrective Action #2:  <b>SYSTEMIC CHANGES</b> The staff member involved received 1:1 education and disciplinary counseling. Immediate in-service of all housekeeping staff provided on infection control program including the use of aseptic technique. All staff was re-educated on proper screening and infection control practice and procedures in accordance with regulations and facility protocols.  <b>MONITOR</b> Audits will completed by the Administrator/Designee to ensure proper infection control practices are fully enforced and with daily audits for 2 weeks followed by audits 3x/week for 2 weeks followed by weekly audits for the next 3 months. Any issues identified will be addressed and corrected. Findings from the audits will be presented to the QAPI meeting for 3 months to ensure ongoing compliance and to identify the need for further education and/or system revision.  <b>TITLE OF PERSON RESPONSIBLE FOR CORRECTION:</b> Administrator/designee will be responsible for ongoing compliance.  <b>DATE OF COMPLIANCE:</b> Compliance will be met by 6/9/2020 and on an ongoing basis.	