

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2020
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NAME OF PROVIDER OR SUPPLIER KOHALA HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 54-383 HOSPITAL ROAD KAPAAU, HI 96755
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4 000	<p>Initial Comments</p> <p>Due to the COVID-19 pandemic, the Office of Health Care Assurance completed a focused re-licensing survey on May 20,2020. The regulatory requirements included, Infection Control; Resident Abuse and Neglect, and Misappropriation of Resident Property; Admission, Transfer Discharge; Nursing Services; and Emergency Preparedness. The facility was found to be not 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: 20. There were no residents or staff members that tested positive for COVID-19.</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 observation, staff interviews, and review of facility policies and procedures, the facility failed to ensure staff implemented policies and procedures for the prevention and control of infectious diseases as evidence by staff not properly screening visitors prior to entering the facility; and by using a single use glucometer that could not be properly sanitized for multiple residents. Facility residents were potentially at risk for exposure to the COVID-19 virus; and residents that shared the glucometer were</p>	4 203	<p>GLUCOMETER</p> <p>1. How corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>All 5 - diabetic residents in-house have their own glucometer-labeled with their name and placed in the medication room for storage. Cleaning of the individual glucometer follows the industry guidelines.</p>	5/25/20

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

TITLE

(X6) DATE
06/08/20

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4 203	<p>Continued From page 1</p> <p>potentially at risk for blood-borne pathogens.</p> <p>Findings include:</p> <p>1) On 05/13/20 at approximately 10:15 AM, the two-member, state agency surveyor (SSA)1 and SSA2, surveying team approached the front main entrance of the facility. Observed an unmanned screening table prior to reaching the main entrance of the facility. Upon announcing the surveying team's presence, facility staff informed the surveying team that staff will screening surveyors prior to entering the facility. A security guard staff (SS)1 approached the main entrance, opened the double doors and allowed surveyors to enter about 3 feet into the facility. SS1 proceeded to take both SSA1's and SSA2's temperature via scanning thermometer and documented the results on a sheet. SS1 did not ask either surveyor any screening questions. SSA1 and SSA2 received a sticker from SS1 which indicating both surveyors were screened and cleared to enter the facility. At approximately 10:35 AM, SSA2 was allowed to enter the facility to conducted patient/staff observations. SSA2 stated she was not asked screening questions prior to entering the facility to conduct observations.</p> <p>On 05/13/20 at 12:40 PM, inquired with the Assistant Hospital Administrator (AHA) regarding the facility's policy and procedure for screening visitor and staff. AHA stated everyone is screened prior to entering the facility by security staff. The security staff is expected to take visitor/staff temperatures and ask the screening questions provided by the Center for Disease Control (CDC). If the visitor/staff have an elevated temperature or answer yes to any questions, the charge nurse will be notified and</p>	4 203	<p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice. 2 extra glucometers were purchased for any future diabetic residents needing to have their blood sugar level checks. Kohala Hospital will have a par of 2 extra glucometers on hand at all times.</p> <p>3. What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur. All staff were in-serviced on the use of the individual glucometers, use of glucometers and maintaining aseptic field, cleaning of the individual glucometers per industry guidelines, and continue with annual CLIA competency on Point of Care glucose testing for all Registered Nurses and Licensed Practical Nurse. CLIA competency is also added to new orientation training for all new hired nurses.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur. i.e. what program will be put into place to monitor the continued effectiveness of the systematic changes. Charge nurse and Nursing management will monitor the use of the individual glucometers by auditing use of the glucometer 3 times per week for the month of May, weekly for the month of June, and monthly audits thereafter for next 3 months.</p> <p>ENTRY SCREENING for COVID 19</p> <p>1. How corrective action will be</p>	

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4 203	<p>Continued From page 2</p> <p>further evaluate the visitor/staff. Informed the AHA that upon entering the facility, SSA1 and SSA2 were not asked the screening questions. AHA confirmed SS1 should have asked SSA1 and SSA2 the CDC screening questions prior to giving both surveyors stickers which indicated the surveyors were thoroughly screened.</p> <p>On 05/19/20 at 10:15 AM, reviewed documentation provided by the facility regarding screening process. According to documentation screening staff should ask anyone who enters the facility the following: "In the last 14 days, have you had any of the following? 1. cough, 2. Shortness of breath or difficulty breathing, 3. fever, 4. chills, 5. repeated shaking with chills, 6. Muscle pain, 7. Headache, 8. Sore throat, 9. New loss of taste or smell, 10. Have you been in close contact with someone with confirmed COVID-19, 11. Do you have any reason to believe you might have or have been exposed to COVID-19, 12. Have you been tested for COVID-19, 13. Have you tried to get tested for COVID-19, 14. Any recent travel. People who answer yes to 1, 2, 10, 11, 12, 13, 14 or yes to at least two of the symptoms numbered 3 through 9 may have COVID-19. Notify charge nurse who will do a further assessment." The procedure form documents staff is to screen and check temperature while person is still outside of the facility. However, SSA1 and SSA2 were screened inside of the facility. The procedure document also indicates that screening staff review poster of signs and symptoms and screening questions with visitors and staff requesting entrance to the facility. SS1 did not review poster of signs and symptoms or ask screening question for SSA1 and SSA2. Additionally, SSA2 was allowed to enter the facility without being properly screened.</p>	4 203	<p>accomplished for those residents found to have been affected by the deficient practice.</p> <p>All 6 security guards were in-serviced on the COVID 19 entry screening following CDC guidelines. In-service dating 5/13/2020 to 5/25/2020 dependent on the first day back to work.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice. Nursing staff were also re-in-serviced on the COVID 19 entry screening following the CDC guidelines, in cases where the security guard had to leave his post.</p> <p>3. What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur. Managers were instructed to check screening process by Security and report any concerns to COVID 19, incident command meeting.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur. i.e. what program will be put into place to monitor the continued effectiveness of the systematic changes. COVID 19, incident command members have added an agenda item to the daily meeting to discuss any CDC updates and concerns on the screening process and will put into place corrective action immediately.</p>	

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4 203	<p>Continued From page 3</p> <p>2) On 05/13/20 at 11:00 AM, observed RN1 perform a blood sugar (BS) test using a glucometer. RN1 put gloves on and gathered supplies (alcohol swab, lancet and needle, test strip and glucometer), went to resident in room 35-1 and placed supplies on to resident's blanket. RN1 used the alcohol swab and lancet, pricked the resident's finger, and placed the items onto the resident's blanket. Next RN1 picked up the glucometer with the strip to get a drop of blood from the resident's fingertip got the BS reading and then gathered the supplies from the resident's blanket. RN1 discarded the lancet and test strip into the Sharp's container and trash into rubbish can before walking out of room. RN1 brought glucometer back to the med cart, then placed glucometer back into the zippered case. Inquired of RN1, if the glucometer was sanitized. RN1 unzipped case and stated that sanitizing wipes are used to sanitize glucometer. RN1 then went to laundry cart in hallway to grab a wipe from the container, which are kept on top of the laundry cart alongside a box of gloves. RN1 sanitized the glucometer with the wipe, immediately placed the wet glucometer back into the case, then placed the case into the med cart drawer. Inquired of RN1 what kind of wipe was used and she replied, "Bleach, I think." Wipes container listed hydrogen peroxide as main ingredient to use as bactericidal and virucidal in one minute.</p> <p>Policy and procedure (P&P) for sanitizing glucometer used for multiple residents requested from facility. The "KOH-LTC -Infection Control - Disinfection of Shared Medical Equipment," approved on 05/11/20, mandated under "PROCEDURES: . . . The staff will follow manufacture guidelines and use appropriate</p>	4 203		

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4 203	Continued From page 4 cleaning products. . ." Requested the glucometer manufacture guidelines and the manufacturer instructions for, "Cleaning your meter . . . wipe the outside with a soft cloth dampened with water and mild detergent. Do not use alcohol or another solvent to clean your meter." The glucometer was not made for use by multiple residents and therefore did not have instructions to sanitize between residents.	4 203		