

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KULA HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 100 KEOKEA PLACE KULA, HI 96790
--	---

(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 focus relicensing survey was conducted by the Office of Healthcare Assurance (OHCA) on May 28, 2020. The following regulatory requirements were reviewed during the relicensure survey 11.94.1-53 Infection control; 11-94.1-29 Resident abuse, neglect, and misappropriation of resident property; 11-94.1-36 Admission, transfer, and discharge; 11-94.1-39 Nursing services; 11-94.1-58 Emergency preparedness.</p> <p>The facility was found not be to in substantial compliance with 11-94.1-39 Nursing services.</p> <p>Survey date: May 28, 2020.</p> <p>Census: 89</p> <p>Sample: Three residents.</p>	4 000		
4 148	<p>11-94.1-39(a) Nursing services</p> <p>(a) Each facility shall have nursing staff sufficient in number and qualifications to meet the nursing needs of the residents. There shall be at least one registered nurse at work full-time on the day shift, for eight consecutive hours, seven days a week, and at least one licensed nurse at work on the evening and night shifts, unless otherwise determined by the department.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide enough staffing to meet the care needs of four Resident's (R)1, 2, 3, and 4 who were residing in the facility. The deficient practice potentially affected bladder patterns for two of the three residents by not</p>	4 148	WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:	7/12/20

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

Electronically Signed

TITLE

(X6) DATE
06/10/20

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KULA HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 100 KEOKEA PLACE KULA, HI 96790
--	---

(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
4 148	<p>Continued From page 1</p> <p>helping them to the toilet in a timely manner. Additionally, R2 who is a high fall risk suffered a fall from her wheelchair while waiting to get help to the bathroom and R1 had pressure sores on her back that worsened since there weren't enough staff working to turn and reposition her routinely.</p> <p>Findings include:</p> <p>1) Surveyor reviewed intake notes for Aspen Complaint Tracking (ACTS) number 7990 reported to the Office of Healthcare Assurance (OHCA) on 12/30/19. The Family member (FM)1 called to report concerns for the care of her 99-year-old mother, R1 who resided in the facility for eight years. FM1 noticed significant short staffing on the fourth floor over the month of December 2019. FM1 stated that there have only been three staff on average for the day and eve shift's. The floor is supposed to have five staff on duty, one Registered Nurse (RN) and three certified nurse aides (CNA)' s. FM1 added concerns regarding weight loss and personal care resulting from the shortage of staff.</p> <p>Surveyor reviewed a second complaint from FM1 (ACTS number 8208) received by OHCA on 04/17/20. OHCA chief received an email from the State Department of Health, Deputy Director's office on 04/16/20 notifying OHCA about a concerned daughter, (FM1). In her email to the Deputy Director, FM1 stated concerns about her mother's care (R1) because of staff shortages at the facility, stating that patients need more care, and the staff who are working the night shift work overtime, staying throughout the day shift. FM1 added that her mom, R1 had bed sores on her back and the night shift staff were not turning her.</p>	4 148	<p>R1 was discharged from Kula Hospital on 04/16/2020. A complete review of R1's medical record was completed on 06/05/2020. R1 was admitted to Islands Hospice 01/3/2018. At that time, the admitting hospice physician noted advanced late-onset Alzheimer's dementia with minimal oral intake and a progressive decline in function. There is consistent documentation of fluctuating oral intake. On 1/9/2020, R1's hospice services provider changed from Islands Hospice to Hospice Maui at the request of FM1. A progress note by the admitting/attending physician on 2/18/2020 states "(R1) has an ongoing decline in function and nutrition due to disease progression. Care and feeding have been difficult due to her many contractures, friable skin, and poor swallow." Poor intake despite interventions by both nursing staff and the Hospice Maui staff ultimately resulted in a medical diagnosis of Failure to Thrive. Weight loss and skin impairments were an expected result of that diagnosis. On 03/20/2020, R1's Hospice services provider was again changed back to Islands Hospice at the request of FM1. Patient visit summaries from Islands Hospice confirm continued decreased oral intake and declining function related to her disease process. In the Admitting physician's documentation, Dr. Termulo states "Pt loss the ability of knowing how to eat. Pt holds food in her mouth and family force feeds her...Family has opted to pursue comfort care with (Islands Hospice) support and is accepting of hospice philosophy."</p> <p>R2 was discharged from Kula Hospital on</p>	

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KULA HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 100 KEOKEA PLACE KULA, HI 96790
--	---

(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
4 148	<p>Continued From page 2</p> <p>Surveyor interviewed FM1 via telephone call on 04/21/20 at 02:30 PM and reported that her mother R1 had passed away after being in hospice at the facility. FM1 restated the concerns related to short staffing in the facility that were previously reported to OHCA. FM1 added that every day in the past six months day and evening shift staff had to work overtime. The patients need more care at the facility to meet their care needs.</p> <p>Surveyor reviewed the staffing schedules from 04/26/20 to 05/31/20. The schedule revealed the following: Day shift requires one Registered Nurse and four Certified Nurse Aides (CNA)'s on the Day and Eve shift and one RN and 2 CNA's on night shift.</p> <p>Surveyor reviewed actual random staffing schedules for second and fourth floors beginning 01/01/20 through 05/31/20. On average, on day and eve shifts, staff frequently worked overtime and at times were short one or two CNA's.</p> <p>2) Surveyor reviewed the medical record for R2 and noted she was admitted to the facility on 04/23/20 for rehabilitation services secondary to right hemiplegia from a stroke. She was recently transferred from third floor to second floor.</p> <p>Surveyor interviewed R2 on 05/28/20 at 12:30 PM who stated that when she was on third floor she felt the staff there were excellent. Here on this floor (second) they are always short staffed. When we ring the call light they make us wait. I also think they don't do a good job when they clean us because they are in such a rush. When I must pee and must wait I've had accidents (incontinence). When I first came here, I didn't have any accidents. I talked to the charge nurse about it and she says she's working on it. My</p>	4 148	<p>5/29/2020. The Director of Nursing (DON) reviewed the bowel/bladder flowsheets for R2 on 5/28/2020 to identify opportunities for improving the implementation of a personalized toileting program.</p> <p>R3 was discharged home from Kula Hospital on 5/29/2020. The DON reviewed R3's medical record on 5/28/2020 to identify opportunities for improving the implementation of a personalized toileting program.</p> <p>On 06/05/2020, the DON reviewed the staffing records between 12/01/2019 and 05/31/2020 and conducted a per-patient-day (PPD) calculation of staffing to evaluate the appropriateness of staffing. The average PPD during that time on R1's unit was found to be 4.07 hours. This PPD exceeds industry standards within the state of Hawaii and the nation. The DON reviewed the facility policy for sick calls. Kula Hospital has sick leave policies that are non-punitive and flexible. Regularly, and in particular during this pandemic to maintain a COVID-19 free environment, Kula Hospital's sick leave policy allows sick healthcare personnel to stay home and is in line with directives from the Hawaii Department of Health and complies with the Hawaii Department of Labor.</p> <p>The Human Resources department oversees staff labor practices. The scheduling of all staffing hours at Kula Hospital complies with all local, state, and federal guidelines, as well as both labor union contracts.</p>	

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KULA HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 100 KEOKEA PLACE KULA, HI 96790
--	---

(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
4 148	<p>Continued From page 3</p> <p>roommate (R3) has had two falls while getting up from her wheelchair.</p> <p>Surveyor reviewed the bowel bladder flowsheets for R2 from 04/24/20 to 05/19/20 and verified R2 had incontinence on eleven days on the day shift after coming to the second floor.</p> <p>3) Surveyor interviewed R3 who also stated that the staff were great upstairs (on the third floor). The CNA's are good here but they don't always come right away and when I got to go, I got to go. I never had an accident (incontinence) on the third floor and here I have an accident all the time. I waited and waited for help to come and then tried to get up and fell from my wheel chair.</p> <p>Surveyor interviewed an anonymous staff on 05/28/20 at 1:24 PM who stated that the unit has its staffing challenges. People call out sick. Not a lot of staff want to come up here to do long term care. When everyone comes to work, we do have enough people to cover the needs of the residents. Unfortunately, it becomes a challenge when people call in sick, especially if they are scheduled to do a double shift. We have Travelers and agency staff and the travelers call out too.</p> <p>Surveyor overheard a telephone conversation from the second floor Charge Nurse (CN) and another party on 05/28/20 at 02:34 PM. The CN stated she is concerned since a staff member for the next shift called out sick and was scheduled to do a double shift today.</p>	4 148	<p>HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN:</p> <p>The facility will review the Resident Assessment Instrument (RAI)-Minimum Data Set (MDS) to identify current residents at high risk for loss of bladder/bowel control. The Nurse Managers and Charge Nurses will implement a 3-Day Bladder and Bowel observation on high-risk residents to identify patterns and create a customized, resident-focused Toileting Program that promotes meeting each resident's continence goals. The Toileting Program for each identified high-risk resident will be evaluated quarterly and with any change of condition. Progress toward meeting goals as well as revision of goals will be reviewed at each weekly Interdisciplinary Team (IDT) meeting. In addition, all residents identified as a high risk for loss of bowel/bladder function will also have a Fall Risk assessment completed, and appropriate customized Care Plans implemented.</p> <p>WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES YOU WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR:</p> <p>The Director of Nursing (DON) and Nurse</p>	

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KULA HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 100 KEOKEA PLACE KULA, HI 96790
--	---

(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
4 148	Continued From page 4	4 148	<p>Managers will create and implement training and in-services on the following topics: 1) 3 Day Bowel/Bladder observations 2) Toileting Programs, 3) Fall Risks, and 4) Communication. The training will be delivered across multiple formats including verbal didactic by the Nurse Managers, Director of Nursing, and Charge Nurses; online via a Learning Management System, and through demonstration. All training and education will be completed by Licensed Nurses and Certified Nurse Aids by July 12, 2020.</p> <p>Kula Hospital will implement and enforce a "No Pass Zone" so that all staff members are responsible for responding to call lights. Education for the No Pass Zone will be completed online via a Learning Management System by 07/12/2020.</p> <p>All residents will continue to be assessed for fall risk and bowel/bladder function quarterly. Customized Care Plans to address their needs and minimize their risk will be implemented based on these regular assessments. Changes will be communicated to Licensed Nurses and Certified Nurse Aids (CNAs) through morning huddles, written communication binders, and CNA Care Sheets.</p> <p>Kula Hospital has sick leave policies that are non-punitive and flexible. Regularly, and in particular during this pandemic to maintain a COVID-19 free environment, Kula Hospital's sick leave policy allows sick healthcare personnel to stay home and is in line with directives from the Hawaii Department of Health and</p>	

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KULA HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 100 KEOKEA PLACE KULA, HI 96790
--	---

(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
4 148	Continued From page 5	4 148	<p>complies with the Hawaii Department of Labor. The Human Resources department oversees staff labor practices. The scheduling of all staffing hours, including overtime, at Kula Hospital complies with all local, state, and federal guidelines, as well as both labor union contracts.</p> <p>HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR:</p> <p>*The Staff Development Supervisor (SDS) will track and monitor the completion of all Plan of Corrections (POC) education. The SDS will conduct new hire orientation and ensure that any new staff receive the required POC education to ensure this deficient practice will not recur.</p> <p>*The Nurse Managers/Charge nurses will complete observation/audits daily on all shifts to 1) evaluate compliance with the No Pass Zone, and 2) provide coaching as needed to ensure compliance. The results of these observations will be recorded and reported at the monthly Quality Assurance/Process Improvement (QAPI) meeting, attended by the Interdisciplinary Team and overseen by the Facility Administrator.</p> <p>*The monthly Minimum Data Set (MDS) 3.0 report will be reviewed by the MDS Coordinator every month specifically to identify changes in residents' fall risks and continence patterns. The MDS Coordinator will provide a list of high risk</p>	

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KULA HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 100 KEOKEA PLACE KULA, HI 96790
--	---

(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
4 148	Continued From page 6	4 148	residents to the IDT each month, who will in turn collaborate to revise the Care Plans and mitigate the risk of falls and loss of bowel/bladder function. The results of the MDS Coordinator audit will be recorded and reported at the monthly QAPI meeting, attended by the IDT and overseen by the Facility Administrator.	