

Hawaii Dept. of Health, Office of Health Care Assurance

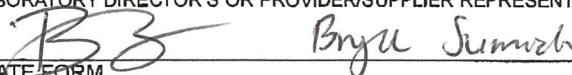
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HI02LTC056H	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2021
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NAME OF PROVIDER OR SUPPLIER HALE HO ALOHA	STREET ADDRESS, CITY, STATE, ZIP CODE 2670 PACIFIC HEIGHTS ROAD HONOLULU, HI 96813
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4 000	Initial Comments A re-licensure survey was conducted by the Office of Healthcare Assurance (OHCA) on 02/09/21. The census at the time of entrance was 47 residents. The facility was found not to be in compliance with Hawaii Administrative Rules, Title 11, Chapter 94.1 Nursing Facilities.	4 000		
4 103	11-94.1-22(e) Medical record system (e) When a resident is transferred to another facility or discharged, there shall be: (1) Written documentation of the reason for the transfer or discharge and efforts made by the facility to mitigate any stress that may arise due to the transfer; (2) Documentation to indicate that the resident understood the reason for transfer, or that the duly authorized healthcare decision maker and family were notified; (3) A complete summary including current status and care, final diagnosis, and prognosis; and (4) Documentation of efforts made for effective discharge planning. This Statute is not met as evidenced by: Based on record review and staff interview, the facility failed to document the reason for the transfer in the discharge summary for two residents (R) 1 and R2, who were transferred to an acute care facility. No documentation was written on the transfer summary that the power of attorney/ contact was called. The deficient practice failed to provide the Resident's current	4 103		

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 STATE OF HAWAII
 DCH-OHCA
 MEDICARE CERTIFICATION

Office of Health Care Assurance LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrative</i>	(X6) DATE <i>03/10/2021</i>
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4 103	<p>Continued From page 1</p> <p>status and care, final diagnosis, and prognosis at the time of the transfer and where the resident's were transferred to.</p> <p>Findings include:</p> <p>Surveyor reviewed the electronic medical record (EMR) for R1. The Transfer/ Discharge report indicated R1 was admitted to the facility on 01/29/21. "Last vital signs" section was completed with a date of 02/09/21. The following sections on page two were left blank: The "chief complaint" (reason for transfer) section; and the "relevant information and miscellaneous information" section (that states the date of transfer/ discharge, time and "transfer/ discharged to" information).</p> <p>Surveyor reviewed the EMR for R2. The Transfer/ Discharge report indicated R2 was admitted to the facility on 08/25/17. "Last vital signs" section was noted with date of 01/03/21. The "chief complaint" (reason for transfer) was left blank and "relevant information and miscellaneous information" section had date of transfer/ discharge 01/10/21 and time of 00:00 (R2's last vital signs date was 01/03/21 confusing the actual discharge date) and the "transfer/ discharged to" section was left blank.</p> <p>Surveyor interviewed the Administrator on 02/09/21 at 3:00 PM and asked where the discharge/ transfer information is documented in the EMR and who is responsible to complete when a resident is transferred to another facility. The Administrator stated that usually the nursing staff document the notes in the EMR. Administrator referred the surveyor to the Social Services Coordinator (SSC) for more information about the transfer/ discharge summary and the</p>	4 103	<p>Hale Ho Aloha is committed to providing complete information to ensure a safe and informed resident transfer.</p> <p>Hale Ho Aloha's procedure for resident transfer and discharge was reviewed by the Administrator, Nurse Supervisor and Social Worker. This review included the items included with resident transfer/discharge. These items include patient transfer form, resident admission record, last physician progress note, medication list, pertinent labs/imaging, patient transfer form. Forms were reviewed for inclusion of the appropriate resident information for safe, informed transfer.</p> <p>Upon review of the facility transfer documentation procedure, the following revisions were made: Initiated use of Pointclickcare ""Transfer/Discharge Report" form which automatically populates resident personal information, attending physician, allergies, advance directives, diet/fluid info, primary/POA contact, diagnoses, last vital signs. Included "Chief Complaint (reason for transfer)" section will include diagnosis for</p>	3/10/21

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4 103	Continued From page 2 missing documentation in R1 and R2's EMR. Surveyor interviewed the SSC on 02/09/21 at 3:15 PM. When asked what the procedure for documenting on the Transfer/ Discharge summary is, SSC stated that she doesn't do the transfer summary, the nurse does the transfer and discharge summary. When a resident expires, the admission clerk discharges the resident from the system. The SSC reviewed the EMR and printed the summaries for R1 and R2 for the surveyor. Surveyor noted where the information on both records was missing and pointed out to the SSC the information about the dates and transfer location was missing. The SSC stated that the information will be in the progress notes and the physician orders in the EMR. They need to get the orders to transfer the resident. The SSC went to the nurses station to obtain a copy of R1 and R2's order summary and asked the surveyor if it was sufficient since there was a nurses note dated 01/03/21 that stated "send out to ER for further evaluation due to positive COVID result".	4 103	for transfer, MD notification, family/ POA notification, and prognosis. Relevant information about bowel/ bladder, feeding, ambulation and behaviors will be included. The date/ time of transfer, transfer destination and personal effect sent information will be included. These portions of the transfer form will be completed by the facility nurse. The original will be sent with the resident and a copy placed in the resident's EHR. The resident's POLST, medication list, last MD progress note and pertinent labs/imaging will also be sent to supplement the transfer document. Hale Ho Aloha will start with digitally uploading a copy of the "Transfer/Discharge Report" and any other relevant transfer information into the electronic health record in an effort to maintain completeness of the resident's medical record. Previously, the form was only included with the paper chart. The revised procedure has been reviewed with the nursing staff with anticipated completion of 3/12/21.	3/10/21 3/10/21-3/12/21 and on-going
4 185	11-94.1-46(b) Pharmaceutical services (b) A facility shall have a current pharmacy policy manual consistent with current pharmaceutical practices developed and approved by the pharmacist, medical director/medical advisor, and director of nursing that: (1) Includes policies and procedures, and defines the functions and responsibilities relating to pharmacy services, including the safe administration and handling of all drugs and self-administration of drugs. Policies and procedures shall include pharmacy functions	4 185	Resident transfer records will be reviewed quarterly by medical records staff and the Director of Nursing to ensure compliance.	3/10/21 and on-going

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4 185	<p>Continued From page 3</p> <p>and responsibilities, formulary, storage, administration, documentation, verbal and telephone orders, authorized personnel, recordkeeping, and disposal of drugs;</p> <p>(2) Is reviewed at least every two years and revised as necessary to keep abreast of current developments in overall drug usage; and</p> <p>(3) Has a drug recall procedure that can be readily implemented.</p> <p>This Statute is not met as evidenced by: Based on policy review and staff interview, the facility failed to review its Pharmacy policy and procedures every two years and did not include in its policy a drug recall procedure for the facility.</p> <p>Findings Include:</p> <p>Surveyor reviewed the facility Pharmacy policy that was provided to the surveyor. The policy consisted of several different policy's referenced from 2001 MED-PASS, Inc: The "Pharmacy services overview" policy with revised dated of April 2007; the "medication regimen review" policy with revised date of April 2007; the "controlled substances" policy with revised date of December 2012; and the "discarding and destroying medications" policy with revised date October 2014.</p> <p>The surveyor did not find policy and procedures to indicate there is a drug recall procedure for the facility and no documentation that the pharmacy policy was reviewed by the Pharmacist and facility key personnel every two years.</p> <p>During an interview with the Adminsitrator on</p>	4 185	<p>Hale Ho Aloha is committed to providing excellent care by having Pharmacy policies and procedures consistent with current and appropriate practices.</p> <p>A review of the facility's pharmacy policy and procedures were reviewed and updated by the administrator, nurse supervisor, pharmacist and medical director.</p> <p>A medication drug recall policy and procedure was added to reflect current practices. Nursing in-service scheduled for 3/17/21 to review current pharmacy policy and procedures with nursing staff.</p> <p>The Administrator will perform annual audits of facility policy and procedures to ensure review and updates are done at least every two years, or sooner if needed.</p>	<p>3/1/21-3/5/21</p> <p>3/17/21</p> <p>3/1/21-3/5/21 and on-going</p>

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4 185	Continued From page 4 02/09/21 at 2:30 PM, surveyor discussed the findings of the review and asked if there was any documentation that indicated the policy was reviewed within the last two years. The Administrator explained that the Pharmacy policy had not been reviewed with the Pharmacist or facility staff.	4 185	Hale Ho Aloha is dedicated to minimizing the risk of infection for both residents and staff.	
4 207	11-94.1-53(b)(4) Infection control (b) The facility shall have provisions for isolating residents with infectious diseases until appropriate transfers can be made. (4) The facility shall have documented evidence that every employee has both an initial employment evaluation and an annual health evaluation. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident; This Statute is not met as evidenced by: Based on review of employee health records, the facility failed to ensure Five Employees (E) One, two, three, four and five had annual health evaluations. The deficient practice places both the residents and facility employees at an increased risk of infection. Finding include: Surveyor reviewed the dates of employee annual health evaluation/ physical exam that was provided by the facility Administrator. The following employees had expired annual health evaluation dates: E1: 01/16/20; E2: 11/12/19; E3: 11/14/19; E4: 01/07/20; E5: 03/22/19.	4 207	Employees One through Five have completed their annual health evaluation. Audit of annual employee health evaluation has been completed and those delinquent are in process of completion. Anticipated completion of 3/10/21-3/26/21. Hale Ho Aloha employees will be informed that the annual health evaluation may be completed by their PCP or through Hale Ho Aloha. The annual health evaluation form has also been updated to include appropriate infection control survey questions to include COVID-19. Business Office staff and Office Manager will audit employees on monthly basis and inform employees of upcoming expiration and need to complete annual health evaluation requirement.	3/1/21-3/10/21 3/4/21-3/12/21 and on-going 3/4/21 and on-going