Hawaii Dept. of Health, Office of Health Care Assuranc

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HI02LTC050H	A. BUILDING: _____ B. WING _____	02/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAVIAN HAWAII	566 PAPALANI STREET KAILUA, HI 96734

(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	Initial Comments A re-licensure survey was conducted by the Office of Health Care Assurance (OHCA) on 02/08/21. The census at the time of entrance was three residents. The facility was found not to be in compliance with Hawaii Administrative Rules, Title 11, Chapter 94.1 Nursing Facilities.	4 000	RECEIVED 21 MAR -3 P1:36 STATE OF HAWAII DOH-OHCA MEDICARE CERTIFICATION 21-03-00021	
4 148	11-94.1-39(a) Nursing services (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. This Statute is not met as evidenced by: Based on observation and staff interview, the facility failed to have at least one Registered Nurse at work full-time on the day shift, for eight consecutive hours, seven days a week. Findings include: On 02/08/21 at 10:00 AM surveyor observed Licensed Practical Nurse (LPN) 1 was on duty at the facility. The LPN stated that the Registered Nurse (RN) who is also the Home Manager (HM) was not currently at the facility and was called to come to the facility to meet the surveyor. Surveyor interviewed the RN on 02/08/21 at 10:50 AM when she arrived at the facility. The RN explained that she works in the home Monday through Friday on the day shift except when conducting administrative work at the main office.	4 148	4 148 PLAN OF CORRECTION WAIVER REQUESTED A licensed nurse (LPN) staff the facility 24 hours per day, 7 days a week. There is a dedicated RN Facilities/Patient Care Manager assigned to oversee the clinical staff of the Kailua Home and admitted residents. The RN Facilities Manager is available on-site at the facility Monday through Friday, 8:00am - 4:30pm. Additionally, there is an After-Hours team of RNs, RN Supervisor, Hospice Physician or Advanced Nurse Practitioner employed by Navian Hawaii who are all accessible by mobile phone 24 hours per day, 7 days a week. After Hours staff members are available via email, phone and in-person visits (as needed), starting at 4:00pm - 8:00am, Monday through Friday. And from 4:00pm on Friday, until 8:00am on Monday morning. All on-call After Hours staff are available to visit the facility and assist the licensed nurse (LPN) and/or address the needs of the residents if the need arises.	Waiver Requested

Office of Health Care Assurance

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tori Abe Carapelho	President & CEO	3/1/21

3/3/21 - copy to SW ; pr

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4 148	Continued From page 1 One Licensed Practical Nurse (LPN) and two Certified Nurse Aides (CNA)'s are assigned on the day and night shifts (12 hour shifts) Monday through Sunday. The RN validated that she doesn't work in the home on the weekends and is available 24/7 via mobile phone in case there are any concerns.	4 148		
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 and responsibilities, formulary, storage, administration, documentation, verbal and telephone orders, authorized personnel, recordkeeping, and disposal of drugs; (2) Is reviewed at least every two years and revised as necessary to keep abreast of current developments in overall drug usage; and (3) Has a drug recall procedure that can be readily implemented. This Statute is not met as evidenced by: Based on policy review and staff interview the Pharmacy policy and procedures was not reviewed within the last two years.	4 185	4 185 PLAN OF CORRECTION A review of our pharmacy policy manual will be conducted immediately and signed off by our CEO, Hospice Physician, Director of Clinical Administration, Facilities Manager and Pharmacist. This was completed March 1, 2021. Attestation is attached. The pharmacy policy manual will be reviewed annually as part of our policy and procedure review.	Completed 3/1/21

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4 185	Continued From page 2 Findings include: Surveyor reviewed the Pharmacy policy and procedures revised date May 2020. The signature page was not signed and dated to indicate the policy review was current. Surveyor interviewed the Home Manager (HM) on 02/08/21 at 2:00 PM about the Pharmacy policy and whether it was reviewed by administrative staff and the pharmacist. The HM stated that she will check to see if there is a signed copy and if so will fax it to the state agency. Surveyor received a telephone call from the HM on 02/11/21. The HM stated that the policy has been submitted to the pharmacist for review and is currently outstanding.	4 185		
4 197	11-94.1-46(n) Pharmaceutical services (n) Discontinued and outdated prescriptions and containers with worn, illegible, or missing labels shall be disposed of according to facility policy. This Statute is not met as evidenced by: Based on observation and staff interview, the facility failed to properly discard a medication that was expired. Findings include: During an observation of the locked medication cabinet where the residents medication was stored on 02/08/21 at 2:15 PM, surveyor noted a bottle of calcium carbonate with an open date of	4 197	4 197 PLAN OF CORRECTION We have developed a log for all of our stock medications. The log will include the name of the medication and expiration date. This log will be reviewed on the first and 15th of the month. Any medications that will be expiring will be destroyed. This log has already been created and in use.	Completed 2/23/21

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4 197	Continued From page 3 11/19 written on the bottle. Review of the manufacture expiration date on the bottle revealed an expiration date of 09/2020. Surveyor validated with the Home Manager (HM) and Licensed Practical Nurse (LPN) on 02/08/21 at 2:30 PM that the medication should have been discarded since it was past the expiration date on the bottle. The LPN stated that it is usually all of the nursing staff's responsibility to check the medications in the cabinet on a routine basis and discard them when they expire.	4 197		
4 292	11-94.1-65(k)(1)(2) Construction requirements (k) The facility corridors shall: (1) Have a minimum clear width of forty-four inches, except that corridors serving one or more non-ambulatory or semi-ambulatory residents shall be not less than eight feet in width; and (2) Stationary handrails shall be installed along both sides of corridors This Statute is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure corridors have a minimum clear width of forty-four inches serving one or more non-ambulatory or semi-ambulatory residents. Findings include: During an observation of the corridor outside of room 4 off of the kitchen, surveyor noted a narrow width less than the required forty four inches. Surveyor validated with the House Manager (HM) on 02/08/21 at 1:00 PM that there has not been	4 292	4 292 PLAN OF CORRECTION WAIVER REQUESTED The atmosphere in the Kailua Home is purposefully homelike. Due to the configuration of the rooms, the hallways are indistinct. The space between the rooms is adequate to maneuver a gurney for the purposes of admissions or discharges. Ambulatory patients will be assisted with mobility by the facility clinical staff.	Waiver Requested

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4 292	Continued From page 4 any changes to the construction of the corridor outside of room 4 and that the width does not meet the requirement.	4 292		

Navian Hawaii Kailua Home
Policies and Procedures
Pharmacy Manual

This manual has been reviewed and approved:

3/1/21
Dr. George Bussey, MD
Hospice Physician

2/26/21
Craig Furuya, MBA
Director of Clinical Administration

3/1/21
April Goya, RN
Kailua Home/Facilities Manager

2/26/21
Tori Abe Carapelho, MBA
President & CEO

2/26/21
Michelle Matsumoto PharmD
Pharmacist