

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2021
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NAME OF PROVIDER OR SUPPLIER ARCADIA RETIREMENT RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 1434 PUNAHOU STREET HONOLULU, HI 96822
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4 000	<p>Initial Comments</p> <p>A re-licensure survey was conducted by the Office of Healthcare Assurance (OHCA) on 01/27/21 to 02/02/21. The facility was found not to be in substantial compliance with Hawaii Administrative Rules, Chapter 11-94. One facility reported incident (ACTS #8061) was investigated and not substantiated.</p> <p>Survey Census: 71 Sample Size: 42</p>	4 000		
4 115	<p>11-94.1-27(4) Resident rights and facility practices</p> <p>Written policies regarding the rights and responsibilities of residents during the resident's stay in the facility shall be established and shall be made available to the resident, resident family, legal guardian, surrogate, sponsoring agency or representative payee, and the public upon request. A facility must protect and promote the rights of each resident, including:</p> <p>(4) The right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility;</p> <p>This Statute is not met as evidenced by: Based on interview with residents, the facility did not ensure residents were treated with respect and dignity by speaking in a non-dominant language of the facility while providing care.</p> <p>Findings include:</p> <p>Resident Council Interview was done on 02/01/21 at 10:35 AM, two residents reported staff</p>	4 115	<p>Social Worker met with R53, R52 and R14 by 2/22/21 and informed them they (1) have the right to be communicated in a language in which they can understand and is being addressed with an all staff in-service, (2) how to contact and file a grievance/complaint internally along with agencies acting as client advocates, including, but not limited to, the State</p>	2/26/21

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

TITLE

(X6) DATE
02/27/21

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4 115	Continued From page 1 members speaking in the non-dominant language of the facility. One resident reported staff members speak in a non-dominant language while providing care. Another resident reported when staff members don't speak in English she is unable to understand what they are saying.	4 115	Survey Agency and the State Long Term Care Ombudsman Program, (3) right to examine the results of the most recent survey of the Facility conducted by Federal or State surveyors and any plan of correction, and (4) Additional resources including Welcome Contact card and where to find additional resources in Right to Know Centers <input type="checkbox"/> which have state inspection reports, contact information for State Long-term Care Ombudsman program, State Agency, and how to file a grievance. Social Worker documented discussion in each resident's medical record by 2/22/21. All residents had the potential to be affected be the same deficient practice. All residents and/or resident representatives were provided a 2021 Handbook by 2/26/21 which included information on (1) how to contact and file a grievance/complaint internally along with agencies acting as client advocates, including, but not limited to, the State Survey Agency and the State Long Term Care Ombudsman Program, and (2) right to examine the results of the most recent survey of the Facility conducted by Federal or State surveyors and any plan of correction, and (3) Additional resources including Welcome Contact card and where to find additional resources in Right to Know Centers <input type="checkbox"/> which have state inspection reports, contact information for State Long-term Care Ombudsman program, State Agency, and how to file a grievance.	

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4 115	Continued From page 2	4 115	<p>Measures and systemic changes that will be implemented to ensure this deficient practice does not recur are:</p> <p>All staff have been In-serviced by 2/26/21 on resident rights and speaking in a non-dominant language(resident service language).</p> <p>During quarterly care plan assessments Social Worker will ask residents if staff are communicating in a language in which they can understand. Instances or findings will be documented and addressed.</p> <p>Starting on 2/25/21 Arcadia's Resident council president will provide the following announcements at the beginning of each meeting following approval of minutes: (1) Right to be communicated in a language in which he/she is able to understand (2) How to contact and file a grievance/complaint internally along with agencies acting as client advocates, including, but not limited to, the State Survey Agency and the State Long Term Care Ombudsman Program, and (3) right to examine the results of the most recent survey of the Facility conducted by Federal or State surveyors and any plan of correction, and (4) Additional resources including Welcome Contact card and where to find additional resources in right to know centers which have state inspection reports, contact information for State Long-term Care Ombudsman program, State Agency to results of the, how to file a grievance. (See attachment 01)</p>	

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4 115	Continued From page 3	4 115	<p>The Facility will monitor its corrective action to ensure that the deficient practice is being corrected and will not recur by:</p> <p>Any concern(s) and finding(s) voiced during the quarterly care plan assessments/interviews and resident council will be addressed and monitored by the Social Worker and Administrator, and tracked and trended through Facility's QAPI and QA Programs.</p>	
4 120	<p>1-94.1-27(9) Resident rights and facility practices</p> <p>Written policies regarding the rights and responsibilities of residents during the resident's stay in the facility shall be established and shall be made available to the resident, resident family, legal guardian, surrogate, sponsoring agency or representative payee, and the public upon request. A facility must protect and promote the rights of each resident, including:</p> <p>(9) The right to names, addresses, and telephone numbers of pertinent resident advocacy groups;</p> <p>This Statute is not met as evidenced by: Based on observation and interview with residents, the facility did not ensure postings which include names, addresses (mail and email) and telephone numbers of the State Long-term Care Ombudsman program and the State Agency to formally complain were provided to the residents. Although postings were found, the residents were not aware of where to find the information.</p> <p>Findings include:</p>	4 120	<p>Social Worker met with R53, R52 and R14 by 2/22/21 and informed them they (1) have the right to be communicated in a language in which they can understand and is being addressed with an all staff in-service, (2) how to contact and file a grievance/complaint internally along with agencies acting as client advocates, including, but not limited to, the State Survey Agency and the State Long Term Care Ombudsman Program, (3) right to</p>	2/26/21

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4 120	<p>Continued From page 4</p> <p>Resident Council interview was done on 02/01/21 at 10:35 AM. Inquired whether residents knew where the ombudsman's contact information is posted. The residents were not familiar with the Ombudsman. The residents were not familiar with the State Agency.</p> <p>On 02/02/21 observed the facility had brochures regarding Ombudsman services on a rack outside of the third floor dining room, the second floor dining room on the Waikiki unit, and across the nurse's station on the second floor Ewa unit. Ombudsman brochures were available; however, placed too high on the rack to be accessible for residents seated in a wheelchair. The contact information for the Ombudsman was not posted.</p> <p>The name and phone number for the State Agency and the name and phone number of the facility's Administrator was affixed to the bottom of the all the racks. However, the signage was blocked by the water cooler on the second floor, Waikiki unit.</p>	4 120	<p>examine the results of the most recent survey of the Facility conducted by Federal or State surveyors and any plan of correction, and (4) Additional resources including Welcome Contact card and where to find additional resources in Right to Know Centers <input type="checkbox"/> which have state inspection reports, contact information for State Long-term Care Ombudsman program, State Agency, and how to file a grievance. Social Worker documented discussion in each resident's medical record by 2/22/21.</p> <p>All residents had the potential to be affected be the same deficient practice. All residents and/or resident representatives were provided a 2021 Handbook by 2/26/21 which included information on (1) how to contact and file a grievance/complaint internally along with agencies acting as client advocates, including, but not limited to, the State Survey Agency and the State Long Term Care Ombudsman Program, and (2) right to examine the results of the most recent survey of the Facility conducted by Federal or State surveyors and any plan of correction, and (3) Additional resources including Welcome Contact card and where to find additional resources in Right to Know Centers <input type="checkbox"/> which have state inspection reports, contact information for State Long-term Care Ombudsman program, State Agency, and how to file a grievance.</p> <p>Measures and systemic changes that will be implemented to ensure this deficient practice does not recur are:</p>	

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4 120	Continued From page 5	4 120	<p>On 2/19/21 Accessibility of each "Right to know center" was assessed to review the heights of all stands. By 2/25/21 all centers were lowered to provide easier access and additional signage to contact the LTC Ombudsman Poster were added.</p> <p>On 2/16/21, water cooler that was blocking signage on second floor, Waikiki unit was relocated to ensure direct access to "Right to Know Center."</p> <p>By 2/26/21, Welcome Contact card was provided to each resident's room which includes contact information for Facility personnel and the LTC Ombudsman.(See attachment 02)</p> <p>Starting on 2/25/21 Arcadia's Resident council president will provide the following announcements at the beginning of each meeting following approval of minutes:</p> <p>(1) Right to be communicated in a language in which he/she is able to understand (2) How to contact and file a grievance/complaint internally along with agencies acting as client advocates, including, but not limited to, the State Survey Agency and the State Long Term Care Ombudsman Program, and (3) right to examine the results of the most recent survey of the Facility conducted by Federal or State surveyors and any plan of correction, and (4) Additional resources including Welcome Contact card and where to find additional resources in right to know centers which have state inspection reports, contact information for</p>	

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4 120	Continued From page 6	4 120	<p>State Long-term Care Ombudsman program, State Agency to results of the, how to file a grievance.(See attachment 01)</p> <p>The Facility will monitor its corrective action to ensure that the deficient practice is being corrected and will not recur by:</p> <p>Any reported concern(s) and recommendation(s) voiced during the Resident Council meeting or in general will be addressed and monitored by the Social Worker and Administrator, and tracked and trended through Facility's QAPI and QA Programs.</p>	
4 159	<p>11-94.1-41(a) Storage and handling of food</p> <p>(a) All food shall be procured, stored, prepared, distributed, and served under sanitary conditions.</p> <p>(1) Dry or staple food items shall be stored above the floor in a ventilated room not subject to seepage or wastewater backflow, or contamination by condensation, leakages, rodents, or vermin; and</p> <p>(2) Perishable foods shall be stored at the proper temperatures to conserve nutritive value and prevent spoilage.</p> <p>This Statute is not met as evidenced by: Based on observations, review of the facility's policy and procedures, and interview with staff member, the facility failed to ensure that all foods were procured, stored, prepared, distributed, and served under sanitary conditions. Three</p>	4 159	<p>On 1/27/21 carrot sticks in a clear plastic container with lid slightly uncovered and tray of sliced and plated Tiramisu cake located in Pantry Walk in Fridge were both address immediately after findings.</p>	2/26/21

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4 159	<p>Continued From page 7</p> <p>observations of a refrigerator found temperatures greater than 41 degrees Fahrenheit (F); stored food items were not covered; and expired dry good was not disposed.</p> <p>Findings Include:</p> <p>During the initial kitchen tour observation with Chef on 01/27/21 at 08:49 AM, the "Tray Setter Holding Fridge 2" inside thermometer measured 45 degrees F. Interview with Chef confirmed the measurement. Second observation on 02/01/21 at 07:45 AM found the inside thermometer measured 45 degrees F and the exterior thermometer measured 45 degrees F. Third observation on 02/02/21 at 12:15 PM, the inside thermometer measured 50 degrees F and the exterior thermometer measured 33.5 degrees F. During interview with Chef, "Temperature should be no higher than 41 degrees..." F.</p> <p>Observation during initial tour on 01/27/21 at 08:49 AM also found in the "Pantry Reach in Fridge" carrot sticks in a clear plastic container with lid slightly uncovered and tray of sliced and plated Tiramisu cake located in "Pantry Walk in Fridge" on a tray cart uncovered. The plastic that is on top of the tray cart was not completely over the cart. Chef acknowledged it should be covered.</p> <p>Observation on 02/02/21 at 12:15 PM of the dry goods storage, observed Kinoshita flour with written date 11/26/18. Interview with Chef, written dates are the day the goods were delivered, and the products are thrown out one year from delivery date. Chef stated the flour should have been thrown out.</p> <p>Review of facility's dining protocols under</p>	4 159	<p>On 2/1/21 Staff Kinoshita flour with written date 11/26/18 was immediately thrown away.</p> <p>Contractor, Commercial Tech Services LLC was contacted for Tray Setter Holding Fridge 2 and serviced refrigerator on 2/4/21. Inspection resulted in refrigerator functioning appropriately with findings of internal thermometer reading 45 degree and being inaccurate at point of inspection. Staff replaced thermometer inside of refrigerator per recommendation of contractor on 2/4/21. (See attachment 04)</p> <p>All residents in the Facility have the potential to be affected by the deficient practice</p> <p>Measures and systemic changes that will be implemented to ensure this deficient practice does not recur are:</p> <p>All Dining Services staff were in-serviced by 2/26/21 on (1) Refrigeration monitoring, (2) Disposing of Expired Dry goods, (3) always ensure that food-storage bin covers are not over filled/secure and fully covered when stored, and (4) Monitoring of Dishwasher and temperatures.</p> <p>Beginning 2/24/21, all Refrigerator Temperature Monitoring logs were updated to compare the inside and outside temperatures taken to ensure accuracy of thermometer readings.</p> <p>Beginning 2/24/21, the Kitchen Closing</p>	

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4 159	Continued From page 8 "Labeling Protocols" last revised on 04/2020, states "All non-perishable food will be stored in the storeroom and labeled with the date of receipt/delivery of items. Discard date is based on manufacturer recommendations and if none is available, then one year from date of receipt/delivery."	4 159	Checklist was updated and completed nightly by cooks to monitor food-storage to ensure bins are secured and fully covered when stored. (See attachment 05) Weekly Kitchen Observation Tool conducted by Registered Dietitian/Designee was created to include random audits for designated kitchen areas. Registered Dietitian will start audits on 3/1/21. (See attachment 08) The facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur by: Findings from the Refrigerator Temperature Monitoring logs, Kitchen Closing Checklist and weekly Kitchen Observations will be monitored and analyzed by the Director of Dining Services & Executive Chef/Designee and/or Registered Dietitian/Designee. Results will be reported through the quarterly QA Program.	
4 243	11-94.1-64(a) Engineering and maintenance (a) The facility shall maintain all essential mechanical, electrical, and resident care equipment in safe operating condition. This Statute is not met as evidenced by: Based on observations and interview with staff member, the facility failed to ensure the dishwasher is maintained in safe operating conditions. The facility did not have a system to ensure proper temperatures of the dishwasher	4 243	On 1/27/21, Contracted vendor Hobart was contacted immediately and by 2/2/21, 2 of the 3 thermometers identified not working were fixed. (See attachment 06)	2/26/21

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4 243	<p>Continued From page 9</p> <p>was achieved.</p> <p>Observation on 01/27/21 at 08:49 AM, while a dish test tray was going through the dishwasher, observed 2 out of 3 thermometers not reaching appropriate temperature. The thermometer for the wash function measured 140 degrees Fahrenheit (F) but indicated above the thermometer that it needs to reach 150 degrees F minimum. The thermometer for the rinse function measured 155 degrees F but indicated above the thermometer that it needs to reach 160 degrees F. Chef acknowledged "...something was wrong...".</p> <p>Interview with Chef on 02/02/21 at 12:15 PM, stated on 01/27/21 the service company found the two thermometers were not working properly because there was a shortage in the wires.</p> <p>Review of facility's dining protocols under "Sanitation" last revised on 12/07/16, states "Equipment used for...proper dishwashing shall be maintained in good working order."</p>	4 243	<p>All residents in the Facility have the potential to be affected by the deficient practice</p> <p>Measures and systemic changes that will be implemented to ensure this deficient practice does not recur are:</p> <p>All Dining Services staff were in-serviced by 2/26/21 on (1) Refrigeration monitoring, (2) Disposing of Expired Dry goods, (3) always ensure that food-storage bin covers are not over filled/secure and fully covered when stored, and (4) Monitoring of Dishwasher and temperatures.</p> <p>Contracted vendor, Hobart will provide preventative maintenance services for the dishwasher at a minimum quarterly or more often, if needed to ensure dishwasher is functioning.</p> <p>Beginning 2/24/21, Dishwasher Temperature log has been updated to include four different opportunities to check in to monitor and document the dishwasher is functioning appropriately. (See attachment 07)</p> <p>Weekly Kitchen Observation Tool conducted by Registered Dietitian/Designee was created to include random audits for designated kitchen areas. Registered Dietitian will start audits on 3/1/21.(See attachment 08)</p> <p>The facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not</p>	

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4 243	Continued From page 10	4 243	recur by reviewing findings from vendor Hobart, Weekly Kitchen Observation Tool audits and Dishwasher Temperature logs. These finding will be monitored and analyzed by the Director of Dining Services & Executive Chef/Designee and/or Registered Dietitian/Designee and results will be reported at quarterly QA.	