

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/01/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125021		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/05/2021	
NAME OF PROVIDER OR SUPPLIER KAUAI VETERANS MEMORIAL HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 4643 WAIMEA CANYON DRIVE WAIMEA, HI 96796			
(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) COMPLETION DATE
F 000	INITIAL COMMENTS A recertification survey was done by the Office of Health Care Assurance (OHCA). The facility was found not to be in substantial compliance with 42 CFR 483 subpart B. Survey Dates: 03/02/21 to 03/05/21 Survey Census: 20 Sample Size: 17			F 000			
F 550 SS=E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights.			F 550			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 550	<p>Continued From page 1</p> <p>The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to treat eight out of seventeen residents with respect and dignity in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility failed to protect and promote the rights of R1, R5, R9, R10, R15, R17, R120.</p> <p>Findings include:</p> <p>1) On 03/03/21 at 09:05 AM, a modified resident council (RC) meeting was held with Resident (R1, R17, R5, R120 and R10). A resident attending RC stated "They think we are kids and we have dementia. We play these stupid games like a child. I feel like we are kids. We want adult things. I want adult coloring. They have coloring books that have kids and animals in it. They have coloring books that are for kids. We don't have search words."</p>	F 550			

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F 550	<p>Continued From page 2</p> <p>On 03/03/21 at 11:30 AM, surveyor interviewed activities director (AD) and activities coordinator (AC). Surveyor asked regarding coloring books, crayons, coloring pencils for the choices for residents. Various new coloring books for the residents were kept in a file and stored. Most of the books were labeled for age 3 years and up, however, there were a few word search and adult books. AC stated that the books were assigned to the residents and they were not shown what was available to choose from. AC showed this surveyor the coloring basket which included sharpies, coloring markers, coloring pencils. The supplies were shown to R1, R5 and R15 in the dining area. They stated, "We weren't shown these before. We were not offered the coloring pencils, or coloring pens to use, only crayons." AC and AD were standing with the surveyor concurrently interviewing residents and did not comment. AD stated, "I'm not usually here." AD stated, "I am between two facilities."</p> <p>2) On 03/03/21 at 09:05 AM, a modified resident council (RC) meeting was held with Resident (R1, R17, R5, R120 and R10). A resident attending RC stated "Our snacks are the same every day and three times a day. We get offered tuna sandwich, tea, prune juice, cranberry juice. We want a variety of choice and options."</p> <p>On 03/04/21 at 09:32 AM, an interview was done with the Director of Nursing (DON). Information regarding the resident's requests for a variety of options for snacks was discussed. DON agreed about the snacks being the same and the resident's not having choices. DON stated "I agree with the snack requests, I strongly agree."</p> <p>3) Observation on 03/03/21 at 12:00 PM was</p>	F 550			

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F 550	<p>Continued From page 3</p> <p>done in the main dining area. Barbecued chicken was the main protein served. R120 had been served a piece of chicken that needed to be cut. It was noted that R120 appeared to have deformities of her hands and her finger joints were large and bent. R120 attempted to cut her chicken with a regular fork which did not fit her hand and kept twirling in her hand. R120 also had to use a butterknife to cut the chicken which was difficult for the resident to cut through.</p> <p>On 03/03/21 at 1:41 PM, an interview was done with the occupational therapy manager who concurrently observed R120 and stated that the resident could benefit from built up utensils and would investigate the matter.</p> <p>An observation on 03/03/21 at 12:08 PM was made of R15 during dining. R15 stated she was upset because she received a butter knife instead of a knife that could cut through the chicken. When she asked for another knife, they brought her another butter knife. (refer F810)</p> <p>4) During the lunch observation in the dining/activity room on the long term care unit on 03/03/21 at 11:58 AM, surveyor noted R9 sitting in a wheelchair at a table with another resident who was independently eating lunch. R9 had a full plate of food sitting on the table in front of her. The plate consisted of chopped roasted chicken, white rice and cut up bread pudding. With her right hand, she slowly raised the spoon with a small piece of the bread pudding up to her mouth, opened her lips to take a bite and the food dropped on the apron she was wearing. R9 made 5 more attempts to take a bite of the food and spilled it on the apron. At 12:21 PM, 23 minutes since R9 received her food, a certified nurses' aide (CNA) sat down next to R9 to assist her with</p>	F 550			

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F 550	Continued From page 4 her meal. CNA fed R9 the rest of her food. 5) On 03/03/21 at 3:20 PM after interviewing R1 in her room, surveyor went to the activities room to let staff know that R1 was alone. Surveyor observed that several of the unit staff were eating bagels and talking amongst themselves while several residents were doing activities. A record review of the facility's Resident's Rights (1992) on 03/05/21 at 11:21 AM revealed "Quality of Life - The facility must care for you in a manner that enhances your quality of life" and "Dignity - The facility will treat you with dignity and respect in full recognition of your individuality." In an interview with the DON on 03/05/21 at 12:08 PM, she was asked as to the location of where the facility's staff eat their meals and snacks and she stated outside on the patio or in the staff dining room.	F 550			
F 561 SS=E	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make	F 561			

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F 561	<p>Continued From page 5</p> <p>choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record reviews and interviews, the facility failed to provide for an activity that brings enjoyment to R1. R1 stated that she enjoys watching her favorite television programs but had been unable to hear the sound from the television. She stated that she is unable to turn up the volume because she was told by staff to minimize noise and staff had informed her that she is unable to close the door to her room. This deficient practice violated R1's right to make her own choices to manage her life.</p> <p>Finding includes:</p> <p>1) An interview was done with R1 on 03/03/21 at 1:49 PM in her room. R1 was sitting up in her wheelchair watching a television program with the volume up, waiting for her physical therapy (PT) appointment. R1 turned down the volume of the television after surveyor asked her if she could be interviewed. She was found to be alert and oriented to self, time, place, and situation. She stated that she is unable to make her own choices in the facility. She is unable to turn up her</p>	F 561			

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F 561	<p>Continued From page 6</p> <p>volume on her television to watch her television programs because staff tell her that she is unable to make it loud. She stated that she has had difficulty hearing out of her left ear but does not wear a hearing aid. She had wanted to close the door to her room to minimize the television noise but was told by staff that she would be unable to do so. She stated that she had talked to the DON about her need for a Bluetooth or headphone to hear her television programs, but her issue had not been resolved.</p> <p>A review of R1's EHR was done on 03/04/21 at 09:20 AM. R1 is a 75-year-old female with right sided weakness due to her cerebral palsy affecting the use of her right arm and leg and is receiving physical therapy services for strengthening. R1's admission Minimum Data Set (MDS) assessment of 01/26/21 was reviewed. It revealed R1 with a Brief Interview for Mental Status (BIMS) score of 15 (cognitively intact). Further review of her annual MDS assessment revealed that her ability to hear is with "minimal difficulty - difficulty in some environments (eg. when person speaks softly or setting is noisy)." R1's "LTC (long term care) Psychosocial Well-Being IPOC (individualized plan of care) last updated on 02/04/21 was reviewed. It stated, "I feel that my personal choices are important and given in consideration (GOAL)."</p> <p>An observation made of R1 on 03/05/21 at 09:22 AM found R1 watching television in her room with the volume increased. R1 stated that she was still unable to hear her television program. She also stated that she asked the DON again for Bluetooth or headphones.</p> <p>An interview was conducted with the DON on</p>	F 561			

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F 561	Continued From page 7 03/05/21 at 12:08 PM in her office. Surveyor inquired about R1's inability to hear her television programs, her need for an assistive device and about the inability to close her room door. The DON stated that due to R1's roommate's fall risk and to maintain her roommate's safety, the door to R1's room cannot be closed according to the facility's policy. She also stated that they do not have a Bluetooth device available as an assistive device for the television audio, but they do have an amplifier. She then stated that she would have R1 fitted for the amplifier.	F 561			
F 565 SS=E	Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-(iv)(6)(7) §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation. (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. (A) The facility must be able to demonstrate their response and rationale for such response. (B) This should not be construed to mean that the	F 565			

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F 565	<p>Continued From page 8</p> <p>facility must implement as recommended every request of the resident or family group.</p> <p>§483.10(f)(6) The resident has a right to participate in family groups.</p> <p>§483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interviews, the facility failed to consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility.</p> <p>On 03/03/21 at 09:05 AM, a modified resident council (RC) meeting was held with Resident (R1, R17, R5, R120 and R10). A resident attending RC stated that one of their "ohana (family) had died." Surveyor asked residents how was that handled. R1 stated, "They told us she had passed but they did not give a ceremony. We want a ceremony or memorial to remember her life. They just announced that she passed. If someone passed away, we should remember them. She was a part of our ohana and we wanted to remember her."</p> <p>An interview was done on 03/04/21 at 09:01 AM with the social worker (SW). Surveyor queried regarding the facility's process when a resident passes in the long term care facility. SW stated we don't do a memorial at all, I just mention it.</p> <p>03/04/21 at 09:32 AM and interview was done</p>	F 565			

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F 565	Continued From page 9 with the Director of Nursing (DON). Surveyor queried regarding their process when a resident passes in the long term care facility. DON stated we used to have a monthly memorial. I remember seeing the photo on the table.	F 565			
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility	F 578			

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F 578	<p>Continued From page 10</p> <p>may give advance directive information to the individual's resident representative in accordance with State Law.</p> <p>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview the facility failed to provide information on formulating an Advance Healthcare Directive (AHCD) for one Resident (R)3. The deficient practice affects resident's rights to make their healthcare decisions known when they are no longer able based on their cognitive ability.</p> <p>Finding includes:</p> <p>Surveyor reviewed the electronic medical record (EMR) and paper chart for R3 on 03/04/21 at 2:35 PM. There was no Advance Healthcare Directives (AHCD) or documentation found to indicate the resident/representative was offered information on how to formulate an AHCD.</p> <p>Surveyor received and reviewed the declaration of Authority to Act as Surrogate provided by the Regional quality director on 03/05/21 at 08:29 AM. The declaration did not contain an AHCD for R3.</p> <p>Surveyor interviewed the social worker (SW) on 03/05/21 at 11:30 AM and asked her to explain the process for obtaining and/ or providing information on AHCD to residents or their</p>	F 578			

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F 578	Continued From page 11 representatives. The SW explained that when a resident is admitted to the facility, we ask the resident or the family member if there is a power of attorney (POA) or AHCD at the time of admission. If they do not have one, then the resident has to be the one who is signing the ADHC or the Family member acts as the surrogate. If they don't have an AHCD then we do the POLST (provider orders for life-sustaining treatment) and the surrogate signs it. Surveyor noted that R3 did not have an AHCD, or documentation in the record that information was offered to R3's representative.	F 578			
F 583 SS=E	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.	F 583			

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F 583	<p>Continued From page 12</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records.</p> <p>(i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.</p> <p>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interviews and record review, the facility could have potentially not provided privacy for R15's virtual visit with family. The facility did fail to provide privacy for R1 and R17 during visits with their friends or family. The deficient practice made R1 feel like "she was being watched" and R17 not want to sign up for visitations with her family.</p> <p>Findings include:</p> <p>1) An observation of R15 was made on 03/03/21 at 2:36 PM in the activities room with several other residents and staff. The recreation aide (RA)1 loudly asked R15 who she wanted to have a virtual visit with and asked if it was with her son and daughter-in-law. She placed the iPad, attached to a rolling contraption, in front of R15. A staff member, standing behind the surveyor, was overhead telling RA1 that privacy needed to be provided to R15 for her virtual visit. RA1 then assisted R15 out of the activities room with the mobile iPad equipment.</p> <p>A record review of R15's electronic health record (EHR) was done on 03/04/21 at 09:20 AM. Her</p>	F 583			

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F 583	<p>Continued From page 13</p> <p>annual Minimum Data Set (MDS) assessment dated 01/14/21 revealed that R15 did not wear hearing aids.</p> <p>2) An interview was done with R1 on 03/03/21 at 2:56 PM in her room. She stated that during a recent visit with her friend she felt like "she was being watched" and felt like she could be heard by staff. During the interview, surveyor closed the door to R1's room because staff were in the hallway just outside of the doorway. A review of R1's medical record was done on 03/04/21 at 09:45 AM. Her initial MDS assessment of 01/26/21 revealed that R1 did not have any mental disorder that detaches her from reality.</p> <p>3) An interview was conducted with R17 on 03/04/21 at 09:09 AM in her room. She was found to be alert and oriented to self, place, time and situation. She stated that she does not sign up for visits with her family because the facility does not provide privacy. She further stated that the location where visits are conducted is outside where "you can hear everything."</p> <p>A review of R17's medical record on 03/04/21 at 10:00 AM was done. She is a 93-year-old retired registered nurse (RN) with heart disease. Her quarterly MDS assessment of 01/29/21, showed that she was cognitively intact with a BIMS score of 15 and does not suffer from any mental disorder detaching her from reality.</p> <p>An interview was conducted with the Activities Director (AD) on 03/05/21 at 11:33 AM. She stated that resident virtual visits are done in the hallway, outdoor patio or activities room supervised by staff. They are planning to provide</p>	F 583			

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F 583	Continued From page 14 more privacy for residents to do virtual visits by converting their isolation room into a visitation area. They have three iPads which will be segregated into stations and the computer will be set up by their information technologist (IT) with a camera. There will be a total of four separate stations where virtual visits for residents will occur.	F 583			
F 676 SS=E	Activities Daily Living (ADLs)/Mntn Abilities CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii) §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that: §483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ... §483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living: §483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care, §483.24(b)(2) Mobility-transfer and ambulation, including walking,	F 676			

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F 676	<p>Continued From page 15</p> <p>§483.24(b)(3) Elimination-toileting,</p> <p>§483.24(b)(4) Dining-eating, including meals and snacks,</p> <p>§483.24(b)(5) Communication, including</p> <p>(i) Speech,</p> <p>(ii) Language,</p> <p>(iii) Other functional communication systems.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to provide necessary care and services to ensure that two residents (R)3 and R13 abilities in activities of daily living did not diminish. The deficient practice affects the residents residing in the facility's ability to maintain the baseline ability to perform bathing, dressing, grooming and oral care.</p> <p>Findings include:</p> <p>1) On 03/03/21 at 3:45 PM, surveyor reviewed the MDS admission evaluation for R3 dated 10/20/20 and quarterly review dated 01/21/21 and compared the scores. R3 declined in the following areas from the admission assessment to the quarterly assessment:</p> <p>Eating: Initial- setup (1) to physical assist (2) at the quarterly assessment.</p> <p>Balance: Walking with assistive device; Initial - unsteady but able to stabilize without staff assistance; Quarterly - unsteady able to stabilize only with physical assist.</p> <p>Mobility device: Initial coded 0 for no wheelchair; to 1 for wheelchair at the quarterly assessment.</p> <p>2) On 03/04/21 at 09:30 AM, surveyor reviewed the MDS annual assessment dated 10/24/20 and</p>	F 676			

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F 676	<p>Continued From page 16</p> <p>quarterly review dated 01/21/21 to compare functional abilities for R13. He declined in the following areas:</p> <p>Transferring: 3 to 4 (extensive assist to total dependence); personal hygiene: 2-3 (one person physical assist to two person physical assist; bathing: 2-3 (one person physical assist to two person physical assist).</p> <p>Surveyor observed R13 getting ready for a shower with one RN and one CNA on 03/05/21 at 09:01 AM.</p> <p>Surveyor interviewed RN1 on 03/05/21 at 09:04 AM. When asked if R13 is receiving restorative care, she replied that the physical therapist (PT)1 works with him to help with his left arm, he wears a brace.</p> <p>When asked if there is a restorative aide here, she replied, "No more, we used to have a restorative aide. We are going to be bringing a restorative aide program to this facility." When asked who provided the restorative care to the residents, her response was, "The CNA's and RN provide the care when we have time. We do it when we provide their care and get them up. Stretching and ROM."</p> <p>Surveyor interviewed PT1 on 03/05/21 at 11:50 AM and asked how often does therapy screen the residents. "There is a screening every quarter, the unit clerk does the referrals to our PT department. Annually they are also evaluated. On the report, it's updated quarterly and annually."</p> <p>Surveyor asked what happens in between the quarterly evaluations if a resident starts to decline. PT1 stated, "The RN and I know if there is a significant level of change. She will let me</p>	F 676			

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F 676	Continued From page 17 know and I can check on them, do a screen, then we can ask for a PT trial for 1 week. I get a snapshot every quarter."			F 676			
F 677 SS=D	<p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide one resident (R)9 with assistance to eat her lunch meal. The deficient practice may be increasing her weight loss of 8 pounds over the past 3 months since unable to feed her self independently. The resident was trying to eat the food but unable to place it in her mouth.</p> <p>Findings include:</p> <p>During the lunch observation in the dining/activity room on the long term care unit on 03/03/21 at 11:58 AM surveyor noted R9 sitting in a wheelchair at a table with another resident who was independently eating lunch. R9 had a full plate of food sitting on the table in front of her. The plate consisted of chopped roasted chicken, white rice and cut up bread pudding. With her right hand she slowly raised the spoon with a small piece of the bread pudding up to her mouth, opened her lips to take a bite and dropped the food on the apron she was wearing. R9 made 5 more attempts to take a bite of the food and spilled it on the apron. At 12:21 PM, 23 minutes since R9 received her food, a certified nurses'</p>			F 677			

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F 677	Continued From page 18 aide (CNA) sat down next to R9 to assist her to eat her meal. CNA fed R9 the rest of her food. (Cross reference to F725 sufficient Nurse staffing). Surveyor reviewed the minimum data set (MDS) quarterly review dated 11/15/20. Eating: Scored 3 for extensive assist. Surveyor interviewed the Registered Dietitian (RD) on 03/05/21 at 11:47 AM. Surveyor asked the RD to explain the process to evaluate a resident who is having difficulty eating. Surveyor mentioned that R9 was noted to have a difficult time trying to eat lunch. The RD explained that either nursing staff will notify her of a resident with difficulty eating or we can discuss it at the quarterly inter disciplinary team meeting. RD stated the assessment was done on 02/20/21. Will provide a copy of the functional status evaluation and nutrition evaluation from that date. Surveyor reviewed the Nutrition evaluation dated 02/18/21 for R9. Nutrition analysis Summary: "Weight dated 02/04/21 105.3 pounds. Stable past 5 month, down 8 pounds past 3 months. Noted resident with weight loss past 3 months, possibly r/t (related to) advanced age and variable intakes. Resident with baseline fair intakes at 41% average and insufficient fluids."	F 677			
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest	F 725			

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F 725	<p>Continued From page 19</p> <p>practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and policy review, the facility failed to provide sufficient nurse staffing with a second licensed nurse. The deficient practice affects the safety and quality of care for the residents. The residents on the unit are also not receiving any restorative care which has resulted in decline in their activity of daily living (ADL)s.</p> <p>Finding includes:</p> <p>1) During an observation on 03/03/21 at 1:22 PM, surveyor observed one Registered Nurse (RN) on the unit providing care to residents. Direct Nurse staffing chart posted on the unit stated two RNs</p>	F 725			

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F 725	<p>Continued From page 20 on duty for day shift.</p> <p>Surveyor reviewed the Kauai Veterans Memorial Hospital (KVMH) Long Term Care (LTC) facility assessment on 03/03/21 at 1:00 PM. On page 7, "3.2 Staffing Plan - LTC 1 (one) RN, 1 (one) Licensed Practice Nurse (LPN) and 3-4 (three to four) certified nurse aide (CNA) average needed per 8-hour shift/ 7 days weekly. Days is 0700-1500. Other positions/ indirect care LTC Nurse Manager/ RAI Coordinator is needed 0700-1500: Monday - Friday, 1 (one) RN. "</p> <p>During the lunch meal on 03/03/21 at 12:00 PM surveyor observed one RN providing the medications to the residents in the hallway away from the activity room. The CNAs were assisting residents with the lunch meal. Activity staff were noted to be on the unit to pass trays, then left the unit to take their lunch break. No RN was present working in the dining room during the lunch meal. The Nurse Manager/Director of Nursing (DON) came out to the unit for a brief visit then returned to her office outside the unit. One resident was observed waiting to be assisted with her lunch meal. (Cross reference F677).</p> <p>Surveyor observed the DON in her office next to nurse's station on 03/03/21 at 2:59 PM, the staff RN was sitting at nurse's station, outside the closed doors of the unit, charting,</p> <p>On 03/04/21 at 09:01 AM surveyor noted a second RN working on the unit passing medications.</p> <p>Surveyor spoke with the DON on 03/04/21 at 09:07 AM when asked about the 2nd RN, she stated, "Sometimes I have a surplus of nurses,</p>	F 725			

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F 725	Continued From page 21 when they aren't on vacation, I can staff two RN's, today we have 4 CNA's which is nice. I'm hiring an additional CNA for the night shift. Since the pandemic started, our residents are more restless."	F 725			
F 810 SS=D	Assistive Devices - Eating Equipment/Utensils CFR(s): 483.60(g) §483.60(g) Assistive devices The facility must provide special eating equipment and utensils for residents who need them and appropriate assistance to ensure that the resident can use the assistive devices when consuming meals and snacks. This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to provide the right equipment or utensil to R120 and R15 for them to enjoy their lunch. This deficient practice interferes with their quality of life. Finding includes: 1) Observation on 03/03/21 at 12:00 PM was done in the main dining area. Barbecued chicken was the main protein served. R120 had	F 810			

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F 810	Continued From page 22 been served a piece of chicken that needed to be cut. It was noted that R120 appeared to have deformities of her hands and finger joints were large and bent. R120 attempted to cut her chicken with a regular fork which did not fit her hand and kept twirling in her hand. R120 also had to use a butterknife to cut the chicken which was difficult for the resident to cut through the chicken. On 03/03/21 at 1:41 PM, an interview with Occupational therapy manager observed R120 and stated that the resident could benefit from built up utensils and would investigate the matter. 2) Observation on 03/03/21 at 12:08 PM of R15 during dining. R15 stated she was upset because she received a butter knife instead of a knife that could not cut through the chicken. When she asked for another knife, they brought her another butter knife.	F 810			
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents	F 812			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/05/2021
NAME OF PROVIDER OR SUPPLIER KAUAI VETERANS MEMORIAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 4643 WAIMEA CANYON DRIVE WAIMEA, HI 96796		
(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) COMPLETION DATE	
F 812	<p>Continued From page 23</p> <p>from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and policy review, the facility failed to maintain a clean, sanitary kitchen. The deficient practice places residents, staff and visitors at an increased risk of illness.</p> <p>Finding includes:</p> <p>Surveyor conducted an observation of the kitchen on 03/05/21 at 10:29 AM and noted the three ceiling fans in the kitchen/ cook area with black dust. Noted the fluorescent light cover over the cook sink/ stove area with gray dust. Surveyor pointed out the dusty fans and light and asked the kitchen manager (KM) how often the fans and lights are cleaned. KM stated about once per month.</p> <p>Surveyor requested the kitchen cleaning policy on 03/05/21 at 12:56 PM.</p> <p>Surveyor reviewed the Nutritional services policy and procedure dated February 23, 2021 on 03/05/21 at 1:30 PM, "The kitchen manager will list daily/weekly cleaning jobs that are needed to be done to maintain a clean and orderly kitchen. The employee is responsible for completing the job and signs off on the list once the job is completed. The list will be completed on a daily/weekly basis by the kitchen manager."</p>	F 812			
F 880 SS=E	Infection Prevention & Control	F 880			

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F 880	<p>Continued From page 24</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a</p>	F 880			

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F 880	<p>Continued From page 25</p> <p>resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to designate an isolation room with contact precaution signs outside the room to alert staff not to enter the room without personal protective equipment and to check with the nurse before entering the room. The deficient practice places staff and residents at an increased risk of infection and illness.</p> <p>Finding includes:</p>	F 880			

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F 880	<p>Continued From page 26</p> <p>During an initial tour on the long-term care unit on 03/03/21 at 08:20 AM surveyor noted a negative pressure isolation room at the end of the hall on the right side. Inside the room in the bed R119 was sleeping. Noted a personal protective equipment (PPE) cart outside the door. Just inside the room on the left side by the door there were PPE gowns noted in a plastic bag. Outside the room there was no signage to indicate the room was an isolation room and staff entering needed to don PPE equipment.</p> <p>Surveyor interviewed the infection preventionist (IP) on 03/05/21 at 11:08 AM and asked when a resident is in an isolation room and on contact or droplet precautions, what type of signage is required to be placed on the door outside the room? The IP discussed the three different colored signs (blue, yellow and red) used for a resident or patient who is on isolation precautions. "If a resident or patient is being ruled out for COVID-19 the blue stop sign would be placed on the negative pressure isolation room door located on the Medical surgical unit, intensive care unit (ICU,) and long-term care (LTC) unit. The sign should be posted outside the door to alert anyone entering the room to "stop" and enter the room only after donning (putting on) PPE gown, gloves and mask on before going in the room. It depends on what the resident is being monitored for which sign to place."</p>	F 880			

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E 000	Initial Comments The facility was found in compliance with Section 483.73, Requirement for Long Term Care (LTC) Facility Appendix Z - Emergency Preparedness for All Provider and Certified Supplier Types, State Operations Manual.	E 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.