

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2021
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NAME OF PROVIDER OR SUPPLIER LEAHI HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 3675 KILAUEA AVENUE HONOLULU, HI 96816
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4 000	<p>Initial Comments</p> <p>A relicensing survey was conducted by the Office of Healthcare Assurance (OHCA). The facility was found not to be in substantial compliance with Hawaii Administrative Rules, Title 11, Chapter 94.1 Nursing facilities. The facility had temporarily closed its Adult Day Health Services because of the COVID-19 pandemic, therefore, relicensing requirements at §11-94.1-47 were not surveyed.</p> <p>Survey dates: September 14 to September 20, 2021.</p> <p>Survey Census: 88</p> <p>Sample size: 19</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 resident interview, observation, and record review, the facility failed to allow R60 the right to choose a sleeping schedule and pursue</p>	4 115	" License Nurse and Unit Manager interviewed R60, and other residents that may be affected by the deficient practice	11/4/21

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

Electronically Signed

TITLE

(X6) DATE
10/21/21

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4 115	<p>Continued From page 1</p> <p>activities as evidenced by the facility turning off the lights and television and requiring R60 to sleep. This deficient practice prevents the resident from exercising her autonomy for things that are important in her life.</p> <p>Findings include:</p> <p>R60 is a 62 year old admitted on 02/19/20 with diagnoses of spastic quadriplegic cerebral palsy (inability to control and use the legs, arms and body), hearing loss, dysphagia (difficulty swallowing), osteoporosis without current pathological fracture (weakened bone strength that is susceptible to fracture), apraxia (impaired motor skills), myalgia unspecified site (pain in a muscle or groups of muscle), contracture of muscle of multiple sites, and gastro-esophageal reflux disease (acid from stomach flows backward into the throat causing heartburn).</p> <p>In an observation on 09/14/21 at 08:34 AM in R60's room, R60 was found to be alert and oriented to self, place, time, and situation. R60 answered questions appropriately when asked.</p> <p>In an interview in R60's room on 09/14/21 at 8:34 AM, R60 stated "I have to go to bed at 10 PM. I want to sleep at 1 AM. I am a night owl. I told staff I want to sleep later than 10 PM."</p> <p>In another interview in R60's room on 09/17/21 at 11:37 AM, R60 stated "Staff tells me to go sleep. They turn off the TV and lights. I want to continue watching tv or reading. They tell me we have to turn everything off because everyone is sleeping."</p> <p>On 09/17/21 at 11:34 AM, R60's electronic medical record (EMR) was reviewed. The Minimum Data Set (MDS) quarterly assessment</p>	4 115	<p>identified regarding preferences with sleeping pattern that includes preferred activity, lights, music and appliance while awake. R60 preferred to be assisted in bed at 12 Midnight. R60 preferred to have lights on, reading and TV on with music. Care plan updated and updates implemented. Completion date 10/12/21 and ongoing for R60 and other identified residents.</p> <p>" A) The Licensed Nurse (LN) / Head Nurse (HN) and Nursing Supervisors will check with all residents in each unit, to ensure their preferences are addressed and care planned. In- serviced staff regarding recent updates on resident <input type="checkbox"/> preference and individualized updated care plan. Completion by 10/12/21 and updates ongoing as needed.</p> <p>B) Staff will be educated on the importance of communicating to the team when resident verbalized their preferences. Any issues that needed changes must be reported immediately to the Licensed Nurse/ Head Nurses/ Supervisors as appropriate. Implemented on by 10/12/21 and ongoing.</p> <p>" Upon admission, License Nurse completing the Baseline Care plan on section D (Daily Preferences that Resident Prefers) must include resident preference in sleeping pattern, activities and addressed in the care plan. If resident unable to verbalized preferences, consider family input. Implemented 10/12/2021 and ongoing.</p> <p>" Admitting Unit Manager to monitor Baseline Care plan within 48 hours, and compliance with the new admission</p>	

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4 115	Continued From page 2 with Assessment Reference Date (ARD) of 08/10/21 indicated R60 had a Brief Interview for Mental Status (BIMS) score of 15. This indicates that R60 is cognitively intact.	4 115	<p>guidelines on resident preference information within 72 hours. Monthly audit will be reported to DON.</p> <p>" Review of Policy and Procedure on Resident Rights and Responsibilities (Policy # LPAT0001) is also being undertaken to target all staff via Section Heads under the direction of the DON, SW, and Education Director. This will be implemented by 10/12/2021 and ongoing.</p> <p>" Quality of Life Surveys implemented on 10/10/2021, based on data collected via Department of Health Interview was conducted by Social Worker with resident R60 on 10/12/2021.</p> <p>" Social Worker will also review Resident's Rights with resident's with BIMS Scores 13 and above and conduct Quality of Life Survey. Resident Quality of Life Survey to be conducted on Assessment Reference Dates (ARD) in preparation for care plan meeting by Social Services. Participants include those who are verbal and willing to participate. Participants that are non-verbal can participate via staff observation, or via resident representative. Responses that do not meet the satisfaction of the resident's right to self-determination will be recorded in quarterly interdisciplinary notes of the Social Services section. These responses will be discussed in the IDT meeting for further action and recommendation. Implemented on 10/12/2021 and ongoing.</p> <p>" Staff Training on Resident Centered Approach care planning, and Resident Rights to be carried through beginning 10/10/2021-11/04/2021 with an in-service posttest to show staff's level of</p>	

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4 115	Continued From page 3	4 115	competency and understanding.	
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 interviews and record reviews, the facility failed to protect their residents' right to have the ability to file a complaint with outside advocacy agencies. This deficient practice has the potential to place the resident at risk for feeling vulnerable and fear retaliation by staff if a complaint against staff was made within the facility.</p> <p>Finding includes:</p> <p>An online RC meeting was done via Zoom on 09/15/21 at 09:56 AM with five residents and the SW1 facilitated. Results from the "September 2021 COVID 19 Resident Council Satisfaction Survey" were discussed. The following was revealed: "Question 8. Do you know where the ombudsman's contact information is posted?" "Yes" responses were "42.9%" and "No" responses were "57.1%."</p>	4 120	<p>Because the resident was anonymous, the Social Work department will assess all residents, who may have had been affected by this deficient practice.</p> <p>" These residents will be provided by SW with information of the Resident Council (RC) meeting and its bylaws and asked if they would like to participate. If they are not able to participate, SW will document on resident's chart. (10/18/21)</p> <p>" The Chief Social worker will re-educate Social work staff, Recreational therapy staff, and licensed nursing staff, of the importance of the resident council meetings.</p> <p>The Social Work will identify other resident having the potential to be affected by this deficient practice, including</p>	10/29/21

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4 120	<p>Continued From page 4</p> <p>An interview was conducted with R82 on 09/17/21 at 09:15 AM in her room. R82 had been at the facility for four years and does not like to go to the RC meetings. Surveyor asked her if she knows how to file a complaint with entities outside of the facility and she stated, "no." She had no knowledge of a long-term care (LTC) ombudsman and of a state agency being advocates for LTC residents and of her ability to report complaints to them.</p> <p>A follow up record review of R82's EMR was done on 09/17/21 at 11:29 AM. She is 40 years old with paralysis of her lower extremities. Her annual assessment on her MDS dated 09/09/21 revealed her BIMS score for cognition is "15." Review of R82's progress notes also revealed that she is alert and oriented to self, place, time and situation.</p> <p>On 09/17/21 at 10:34 AM, an interview was conducted in the resident's room with a resident who wishes to remain anonymous. The resident had been at the facility for two years and had had no knowledge about RC meetings occurring in the facility. The resident also had no knowledge about the LTC ombudsman and state agency being LTC advocates outside of the facility who could be contacted for complaints.</p> <p>A record review of the anonymous resident's EMR was done on 09/17/21 at 11:19 AM. BIMS score on the resident's quarterly assessment of 08/03/21 was "15."</p>	4 120	<p>" All residents will be informed one month in advance and one day prior to meetings verbally, and advertised RC meetings on RT calendars, and resident's billboards. (10/12/21)</p> <p>" Upon admission, the Resident Access Representative will hand resident/family members/responsible parties, a Leahi Admission Handbook which will contain information of resident council, and SW phone number to call if they would like to get more information. (10/12/21 and ongoing)</p> <p>" SW will provide information on Resident Council meetings and post on resident's billboard information about the RC and the text of this law with the heading Rights of Resident Council (10/17/21 and ongoing)</p> <p>The Chief Social Worker will implement measures to ensure that this deficient practice does not recur including:</p> <p>" During COVID 19 restrictions, Resident Council meetings will be held on Zoom: SW and RT staff will make sure there is sufficient amount of iPads and they are in working condition so that residents are able to participate with RC meetings. SW will make sure there is a designated space for privacy for meetings to take place and staff support. (10/18/21 and ongoing)</p> <p>" Staff will be re-educated that they are</p>	

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4 120	Continued From page 5	4 120	<p>prohibited from willfully interfering with the formation, maintenance or promotion of a RC. Willful interference includes discrimination or retaliation for participating in a resident council, refusal to publicize meetings or provide appropriate space for meetings, or failure to respond to written requests in a timely manner. (10/29/21)</p> <p>" Re-education on the Resident's rights policy and procedure, and the right for residents to organize and participate in a resident council meeting with SWs, licensed nursing staff, and admission counselor will be conducted to all staff. (10/29/21)</p> <p>" A resident council satisfaction survey will be done in preparation to resident council meeting and it will include questions regarding resident rights to self-determination, Ombudsman, and quality of life. Responses will be recorded in RC minutes and resident's own interdisciplinary note of Social Service section. (10/29/21)</p> <p>" Patient Access Representative will provide newly admitted residents Leahi Admission Handbook, which provides information on resident council meetings and have resident/family member/responsible parties initial on admission paperwork, that they have received the Handbook.</p> <p>" SW will inform each resident of the RC meetings one month and one day prior to meeting and document on chart if the</p>	

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4 120	Continued From page 6	4 120	resident refuses or agree to participate. (9/21/21 and ongoing) The Chief Social Worker will monitor corrective actions to ensure effectiveness of these actions, including: " QA audits of all RC meetings and assess the rights of residents to organize and participate in resident groups in the facility. " Findings of QA audits and measurements will be shared in the quarterly QAPI meeting for actions and recommendations to improve this practice. 10/29/21 and ongoing)	
4 123	11-94.1-27(12) Resident rights and facility practices 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: (12) The right to be fully informed in advance about care and treatment and of any changes in that care and treatment and the right to participate in planning care and treatment, unless adjudged incompetent or incapacitated; This Statute is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the resident's	4 123	Part of the current admission process documented on the Nursing Admission	11/3/21

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4 123	<p>Continued From page 7</p> <p>right to be informed of and participate in his/her care in a manner the resident can understand for one (1) resident, (R)335, sampled. Staff did not use auxiliary aids or written communication to inform R335, who has impaired hearing, that a medication would be administered rectally and was not informed of options and/or alternatives prior to staff administering the medication. As a result of not understanding medications would be administered rectally, R335 reported an allegation of sexual abuse to a family member (FM). As a result of this deficiency, R335's blood pressure elevated and required intervention, the resident has experienced feelings of being physically violated, fear of the staff member, difficulty sleeping at night, and sadness indicating psychosocial harm.</p> <p>Findings include:</p> <p>R335 is a 97-year-old resident who was admitted to the facility on 09/07/21, for rehabilitation, after falling at home and fracturing his/her pelvis.</p> <p>On 09/14/21 at 09:29 AM, this surveyor knocked on R335's room door then proceeded to enter the room. R335 was lying in bed, resting, and the resident's eyes were closed. Surveyor stood approximately 2 feet from the resident's bed and called the resident by name. The resident's eyes did not open and remained resting. On 09/14/21 at 12:05 PM, surveyor knocked on the resident's door and announced her presence, however, the resident did not open his/her eyes and remained resting. On 09/15/21 at 10:50 AM, this surveyor proceeded to enter the resident's room again in the same manner (knocking and announcing her presence). As surveyor entered the room, the Nurse Manager (NM)9 stated the resident cannot hear and directed surveyor to the erasable</p>	4 123	<p>Assessment form, Part B is to assess and document any communication/sensory deficits. These deficits may be sensory (including hearing and visual) and/or language barriers. To ensure all future residents are assessed for communication/Sensory deficits on admission in a timely manner, licensed nursing staff will be required to complete section B within 30 minutes of arrival to the unit. Assessments to include an interview with resident to determine any visual, hearing or verbal comprehension deficits. An allocated space to document the time reviewed will be added to section B on the Nursing Admission Assessment Form. The Head nurse will be responsible for auditing all new admissions within 24 hours to ensure completion of the Sensory Assessment was done within 30 minutes after admission. Head nurses will submit any reported communication and/or sensory deficits identified to the DON who will audit these reports and report them to QAPI and QACC. Ongoing assessment of all residents will occur at least annually and/or if resident has a significant change in condition, during IDT meetings and when any resident has a significant change in condition. Nursing Education to provide at initial Orientation and annual on-going Competency Skills Training, adding a Sensory Assessment Component. This will be implemented by 10/29/2021.</p> <p>All residents and new admissions will be assessed for any communication barriers and/or sensory deficits. Any communication or sensory deficit that is identified for any residents and new</p>	

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4 123	<p>Continued From page 8</p> <p>whiteboard and/or an amplifier, located in the room, to communicate with R335. R335 had just had an interview with the Ombudsman and appeared to have been crying. This surveyor sat at the resident's bedside (approximately 1 foot from the bedside) and verbally introduced herself. R335 stated "What?! I cannot hear you. I cannot tell what you're saying, you have to use the whiteboard and write it down cause I have bad hearing." Inquired with R335 (using the whiteboard to write questions and the resident verbally replied) regarding the allegation of sexual abuse reported by the resident's FM. R335 stated on the day the resident was admitted, the "nurse put something up the resident's ass and in the resident's vagina. They (the facility staff) said that the nurse said she told me and showed me the medicine, but she didn't. If they asked me, I would have told them NO! I don't want anything up my ass. It feels like they raped me. I feel so violated." R335 confirmed the Registered Nurse (RN)10 worked the remainder of the shift and provided care to the resident after the Nursing Supervisor (NS)4 became aware of the allegation of sexual abuse. R335 stated that she felt afraid all night and could not sleep. The resident reported to this surveyor feelings of being scared (especially at night), difficulty sleeping, sadness, scared, and fearful due to RN10 administering the rectal suppository without the resident understanding the route of administration. Throughout the interview with this surveyor, R335 was alert and oriented to person, place, time, and situation. The resident responded to questions in a coherent and manner, appropriately. R335 cried periodically throughout the interview and reported feeling emotionally upset and traumatized regarding the incident. This surveyor offered to stop the interview due to the emotional response by R335, but the resident declined and</p>	4 123	<p>admission will be care planned for in both baseline care plan and comprehensive care plan. Resources and tools to be utilized will be identified to aid the resident's communication/sensory deficits. The resources and tools to be implemented will be used to promote and assist in fostering clear communication for all residents identified with a communication or sensory deficient at all times. Compliance will be audited by the Head Nurse on the admitting unit within 24 hours after admission. This will be implemented by 10/29/2021.</p> <p>For new admissions, identification of any communication barriers and/or sensory deficits will be screened for prior to admission. If any communication or sensory deficit is identified in admission pre- screening, information will be sought if person currently uses and communication or sensory aids, and if they have been previously assessed for assistive aids. If no aids are being used for their communication or sensory deficits, information will be sought through pre-screening on how the person communicates effectively with others. This will be added to the admission screening form to be completed by 10/22/2021.</p> <p>For all cognizant residents, licensed nursing staff will be trained to thoroughly explain any procedure and any additional medication administration different from their regular medication regiment, regardless of the route to be given. To ascertain that the resident understands, the licensed nursing staff will ask the cognizant resident to verbally repeat what is about to occur, and listen for</p>	

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4 123	<p>Continued From page 9</p> <p>stated she did not want this to happen to anyone else.</p> <p>During an interview with RN10 on 09/17/21 at 3:21 PM, RN10 confirmed staff only verbally communicated with R335 and did not use any auxiliary devices or other means of communication to ensure the resident understood what staff was saying and reported working the entirety of the shift after R335 reported the allegation of sexual abuse to the Nursing Supervisor (NS) 4. RN10 stated the resident had just been admitted around the change or shift. The day shift nurses endorsed during transfer communication with the nurses from the transferring facility, they were informed that the resident had not had a bowel movement and had an order for a rectally suppository due to constipation. RN10 explained while assessing R335's skin as part of the facility's admission process, he/she decided to administer the rectal suppository because the resident has pain upon turning (R335 cannot turn without staff assistance) and it made sense to administer to the resident while conducting a skin check. RN10 confirmed R335 did have pain but declined pain medication stating it made the resident feel "sick." RN10 stated after the medication was administered, the resident asked to call FM and was assisted in making the call. RN10 reported he/she became aware of the allegation when FM later spoke with NS4 on the unit.</p> <p>Conducted a record review of R335's medical record (MR) on 09/15/21 at 11:59 AM. Review of an acute facility's Hospitalist Discharge Summary, date of service on 09/07/21 at 10:50 AM, the physical exam on discharge documented R335's abdomen was soft, nontender, non-distended, with normal bowel sound. Review of R335's MR</p>	4 123	<p>acknowledgement that they understand and agree to the procedure or for the medication administration to proceed. For those residents with cognitive deficits, the POA will be contacted to explain the procedure and/or medication administration and obtain verbal agreement/consent from the POA for the procedure or medication administration to proceed. This will be documented by the licensed nursing staff in the progress notes in the EMR of the resident. This will be implemented by 11/03/2021.</p> <p>After FM of R335 expressed her concerns to NS4 on 09/07/2021 at 6:36 PM, in regards to administration of a suppository that was administered at 4:19 PM by RN10, it was identified that R335 benefited from the use of a communication board. Use of the communication board was implemented immediately thereafter. On 09/10/2021 an amplifier was provided at R335's bedside to further assist with her hearing deficit. Care plan was initiated on 09/09/2021 to identify problem of hearing deficit. Intervention for R335 to receive clear communication and confirm with staff understanding of any type of care provided was to use a dry erase communication board provided at bedside to be used at every interaction with resident. This continued until the R335 was discharge to home on 10/02/2021.</p> <p>FM's concern of R10 laughing at her expressing her concerns was identified by NS4 as an unconscious nervous giggle by RN10. NS4 addressed this concern directly with RN10 on 09/07/2021 by reminding her to try and control her</p>	

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4 123	<p>Continued From page 10</p> <p>and facility investigation documented the following timeline of the sequence of events on 09/07/21:</p> <p>At 2:30 PM: R335's Nursing Assessment documented R335 arrived to the facility at 2:30 PM. Upon admission, R335's blood pressure (BP) was 128/65, System Assessment of Communication/Sensory documented; No problems, difficulty with: hearing, slightly impaired (RN10 wrote in slightly impaired).</p> <p>At 4:19 PM: RN10 administered Dulcolax (medication to treat constipation) Suppository 10 mg, rectally.</p> <p>At 6:06 PM: RN22 spoke with FM regarding R335's medications.</p> <p>At 6:36 PM: An interoffice email documented; R335 spoke to FM. Crying, R335 reported to FM, he/she had been left unattended, outside by an elevator and feeling violated when the nurse administered the rectal suppository. FM contacted the Nursing Supervisor (NS)4 and reported the incident. A conversation was held over speaker phone with FM, NS4, and RN10 during which RN10 "chuckled "while FM queried the staff of the incident. FM became upset due to RN10 laughing. NS4 informed FM he/she would check on R335. NS4 documented he/she knocked on the door, but R335 seemed to not hear the knock and proceeded to gently tap the resident on the right upper arm and R335's eyes immediately opened. R335 did not understand NS4 when the staff verbally introduced themselves to the resident. NS4 exited the room and got a sharpie and paper to communicate with R335. NS4 wrote to the resident and introduced himself/herself and inquired how the resident was</p>	4 123	<p>nervous response when she is in an uncomfortable or stressful situation. This was documented by NS4 in the interoffice memo dated 09/07/2021 at 2150 hrs. The Head nurse will be responsible for auditing all new admissions within 24 hours, to ensure completion of the Sensory Assessment was done within 30 minutes after admission. Head nurses will submit any reported communication and/or sensory deficits identified to the DON who will audit these reports and report them to QAPI quarterly meeting. The DON/ Designee will conduct a monthly survey in all nursing units, to ensure no resident has been denied of his/her rights to be fully informed of his treatment/medications and the right to participate in the treatment decisions. The results of this survey will be reported and presented to the quarterly QAPI meeting for further actions/recommendations as necessary. IDR for this FTag has been sent as an attachment through ePOC.</p>	

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4 123	<p>Continued From page 11</p> <p>feeling and if the resident needed assistance with dinner. R335 stated, "I can't eat, I feel so bad and sad. She (RN10) put her finger in my ass (made a swirling motion with her left finger), in my vagina too." NS4 apologized and explained to R335 that she needed the suppository to have a bowel movement (BM) and it's been 4 days since the resident had a BM. R335 got tearful, asked if FM was going to pick the resident up, and reported having a headache. FM was on the phone during NS4 interaction with R335. NS4 told FM the conversation was going to end and would be tending to R335. FM replied that staff should check the resident's blood pressure due to high blood pressure which was the result of RN10 administering the rectal suppository and the resident could have a stroke.</p> <p>At 7:30 PM: R335's BP was 178/122, all other vital signs were stable. NS4 instructed RN10 to call the physician. The resident denied chest pains and shortness of breath but had expiratory wheezing while saying "I just feel so bad", holding his/her chest with facial grimacing.</p> <p>At 8:29 PM: The Medication Administration Record (MAR) documented R335 received 1 inch of Nitro-Bid Ointment 2% (Nitroglycerin) transdermal (topical, medication is absorbed through the skin) for BP greater than 170 for elevated blood pressure. Staff documented R335's BP was 180/98.</p> <p>At 11:01 PM: RN10 documented in a progress note a summarized the resident received Bisacodyl (medication to treat constipation) suppository (endorsed by the day shift) with good results.</p> <p>On the morning of 09/17/21, conducted an</p>	4 123		

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4 123	Continued From page 12 interview with anonymous staff. Staff confirmed R335 is alert and oriented to person, place, and time and is reliable. Staff reported R335 was deeply affected by the incident with the suppository as evidenced by the resident reported being scared especially at night, R335 appears to be depressed, observed the resident crying. Additionally, staff verbalized this incident negatively impacted the resident's emotional and psychological well-being. On 09/17/21 at 3:00 PM, conducted a review of the facility's investigation. Review of interoffice communication confirmed R335 has impaired hearing, was coherent and able to make a choice, and RN10 did not confirm R335 heard or understand staff was going to administer a rectal suppository which was a violation of the resident's rights.	4 123		
4 131	11-94.1-29(b) Resident abuse, neglect, and misappropriation (b) All alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source or origin, and alleged misappropriation of resident property shall be reported immediately to the administrator of the facility, and to other officials in accordance with state law through established procedures. This Statute is not met as evidenced by: Based on staff interviews, record review, and review of the facility's policy and procedures, the facility failed to immediately report all allegation of abuse immediately, to the administrator of the facility, State Agency (SA), and Adult Protective	4 131	All licensed Staff are currently undergoing review and acknowledgement of understanding of Policy LPAT0003-Prevention of Resident Abuse, Neglect, Involuntary Seclusion and	10/25/21

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4 131	<p>Continued From page 13</p> <p>Services (APS) in accordance with the State law for purposes of this regulation. R335 reported an allegation of sexual abuse to a family member, who then notified Nursing Supervisor (NS)4 on 09/07/21 at 6:36 PM. R335 reported feeling bad, sad, and violated when RN10 inserted a finger in the resident's rectum and vagina when administering a rectal suppository. The allegation was not reported to the Administrator or the SA within the required timeframe.</p> <p>Findings include:</p> <p>On 09/17/21 at 10:36 AM, conducted an interview with the Director of Nursing (DON) regarding the allegation of SA. Requested to review the facility's investigation and documentation. The DON confirmed herself as the Designee and reportedly did not find out about the allegation until the following day (09/08/21). According to the facility's "Event Report", the following timeline of notifications confirms the facility did not report the allegation of SA immediately or within a two-hour timeframe to the State Agency or the Administrator/Designee.</p> <ul style="list-style-type: none"> -Date of the event- 09/07/21 at 6:36 PM -Initial Date reported to the Office of Health Care Assurance- 09/8/21 at 7:26 PM via fax -Date reported to APS- 09/09/21 at 08:27 AM (according to the State Agency's Complaints Tracking System) -Notification of Physician- 09/08/21 at 6:00 PM -Notification of Family Member- 09/07/21 at 6:36 PM (R335's FM reported the allegation to NS4) -Notification of Administrator/Designee- 09/08/21 at 3:00 PM <p>On 09/17/21 at 10:36 AM, conducted an interview with SW1. SW1 could not provide documentation</p>	4 131	<p>Misappropriation of Property that outlines the Reporting Responsibilities both internally and externally with attention to the required timelines stipulated. Licensed staff are asked to sign to acknowledged that they have read and understood this policy. This will be completed by 10/29/2021.</p> <p>NS4 was counseled and re-educated on the reporting requirements, both internally and externally to ensure an investigation is initiated immediately into any abuse allegation on 09/08/2021 by the DON. As corrective action for the deficient practice in this citation, NS4 was further counselled about the required reporting times to outside agencies including SA, APS, HPD and notifying her supervisors immediately whenever any abuse or alleged abuse occurs on 9/21/2021.</p> <p>Attempts were made on 09/08/2021 to contact RN 10 by telephone to inform her verbally that she was being placed on administrative leave pending investigation into allegation made by FM of R335. On both occasions the phone was not answered and a message to call DON immediately. At 6:30 AM on 09/09/2021 DON and NS called RN10, and she answered the phone. She was verbally notified of being placed on administrative leave pending investigation into allegation made by FM of R335. RN10 was also informed that she would be receiving a formal letter.</p> <p>After completing her shift on 09/07/2021, RN10 has not had any contact with R335 or any direct patient care or anywhere in the facility.</p> <p>We have identified the need for the</p>	

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4 131	<p>Continued From page 14</p> <p>indicating the facility reported the allegation of SA immediately to the Administrator/Designee or State Agency within 2 hours of R335's FM reporting the incident to NS4.</p> <p>Review of the facility's policy and procedure (P&P), "Prevention of Resident Abuse, Neglect, Involuntary Seclusion and Misappropriation of Property" documents in Step 2: Reporting Responsibilities, the supervisor, i.e., charge nurse, shift supervisor, etc, shall immediately notify the DON and Administrator. In addition, if the abuse allegation includes assault, such as physical or sexual, the Honolulu Police Department (HPD) is notified for a police report. The facility did not file a report with HPD until 2 days after the allegation, on 09/09/21. A report received by OHCA from APS regarding APS's intake of the allegation documented the report date was 09/09/21 at 08:27 AM. The P&P documented the DON or Administrator shall notify APS and the Office of Healthcare Assurance (OHCA) within 24 hours, which the facility did not.</p>	4 131	<p>creation of a Staff Checklist Tool that will be utilized for use in the unfortunate circumstance that any abuse incident occurs within the facility. This tool will serve as a template for the required reporting time frames for outside agencies including the State Agency, APS, and HPD. This tool will cover:</p> <ul style="list-style-type: none"> " Immediate removal of alleged abuser from contact with resident and any resident care areas by Nursing Supervisor/DON. " Notifying DON and Administrator immediately once an event of Abuse is identified. " Updating the attending physician and medical director immediately. " Notifying family and/or POA immediately. " Sending initial report of abuse to OHCA within 2 hours of incident occurring. " Sending report to APS within 24 hours. " If a crime is suspect or sexual abuse is alleged, HPD to be notified immediately. (If a crime(such as theft, physical or sexual abuse is reported/alleged, DON/Administrator will notify HPD immediately)). " Complete and document set of vitals on resident and complete a head to toe assessment. " If sexual abuse is alleged, transfer to Kapiolani Women's Center for a Rape Kit and medical follow up. Refusal of this evaluation will be witnessed by 2 licensed staff and documented. " If physical abuse is reported/alleged - Resident to be transferred to ER for immediate evaluation. Refusal of this 	

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4 131	Continued From page 15	4 131	<p>evaluation will be witnessed by 2 licensed staff and documented.</p> <p>" Notify attending social worker to facilitate follow up with resident and complete a psychosocial assessment post incident.</p> <p>" Provide appropriate Trauma informed care services to Resident. Geropshych referral will be offered to resident.</p> <p>" Initiate preliminary investigation to complete OHCA report within 5 days.</p> <p>" Initiation of comprehensive investigation into incident. This may be internal or external.</p> <p>This tool will be implemented by 10/25/2021.</p> <p>The DON/Designee will conduct an audit every end of each shift daily, to ensure no alleged abuse complaints from resident/family/responsible party are missed or unreported during the shift. Each unit will create a log of all alleged abuse/abuse complaints from residents/family/responsible party, with dates, time, staff caring for this resident, and others involved with the complaint, for the DON /Designee to audit.</p> <p>The results of this monitoring will be reported to the quarterly QAPI meeting for further actions/recommendations as necessary.</p>	
4 133	<p>11-94.1-29(d) Resident abuse, neglect, and misappropriation</p> <p>(d) The facility shall maintain a record that all alleged violations were thoroughly investigated, and shall take all reasonable steps to prevent further abuse while the investigation is in</p>	4 133		10/29/21

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4 133	<p>Continued From page 16</p> <p>progress.</p> <p>This Statute is not met as evidenced by: Based on interviews and record review, the facility failed to ensure an allegation of abuse was thoroughly investigated and immediately put effective measures in place to prevent further or potential abuse for one resident, R335, sampled. After R335's family member (FM) reported an allegation of sexual abuse (SA) to the Nursing Supervisor (NS)4 on duty, Registered Nurse (RN)10 was not immediately removed from providing direct care (including incontinent care) and continued to have access to the resident. As a result of this deficiency, the resident was not protected from the potential of further harm and potential coercion by staff.</p> <p>Findings include:</p> <p>On 09/07/21 at 6:36 PM, FM informed NS4 that R335 called FM, crying and reported he/she felt violated when the nurse administered a rectal suppository without being informed that the medication would be administered rectally. NS4 followed up with R335 during which the resident stated, "I can't eat, I feel so bad and sad. She (RN10) put her finger in my ass (made a swirling motion with her left finger), in my vagina too." NS4 apologized and explained to R335 that he/she needed the suppository to have a bowel movement (BM) and it's been 4 days since the resident had a BM. R335 got tearful, asked if FM was going to pick the resident up.</p> <p>On 09/17/21 at 3:21 PM, conducted a telephone interview with RN10. RN10 confirmed he/she was not sent home, reassigned to another unit, or</p>	4 133	<p>Resident R335 was discharged on 10/01/2021.</p> <p>RN 10 remains on administrative leave pending conclusion of external investigation. An external investigation was instituted due to claim of bias by FM of R335. She will also undergo re-education/counseling regarding her responsibilities in regards to making sure residents are informed and make decisions about the care they receive and steps she needs to take if she is accused of abuse in the future. The other staff that were working on that night also underwent one on one reeducation if this occurs in the future (as more than one person was aware of this incident on the floor).</p> <p>The facility must ensure to pay attention to every resident's/family/responsible party's complaint of abuse or neglect, and must ensure to remove the alleged perpetrator immediately from providing direct care to the affected resident and other resident's care areas, to protect the resident and others from potential further harm or abuse, and an investigation must be initiated immediately.</p> <p>All licensed Staff are currently undergoing review and acknowledgement of understanding of Policy LPAT0003-Prevention of Resident Abuse, Neglect, Involuntary Seclusion and Misappropriation of Property that outlines the Reporting Responsibilities both internally and externally with attention to</p>	

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4 133	<p>Continued From page 17</p> <p>was removed from providing direct care to R335 and/or other vulnerable residents.</p> <p>Review of R335's Electronic Medical Record documented a progress written by RN10 on 09/07/21 at 11:01 PM (after the allegation was reported to NS4), "...Resident said that she's upset and mad BP elevated obtained order for nitropaste....(R335) Refused care during HS and last round."</p> <p>Review of the facility's completed investigation into the allegation documented on 09/09/21 RN10 received a letter stated the staff would be placed on administrative leave pending an investigation of a formal complaint by FM, on behalf of R335. R335 felt he/she "got raped, felt violated and in prison". The incident report alleged RN10 did not explain a rectal suppository was going to be administered to the resident.</p>	4 133	<p>immediate removal of the alleged abuser from further contact with resident and all resident care areas, and the required timelines stipulated for reporting. Licensed staff are asked to sign to acknowledged that they have read and understood this policy. By undertaking review of this policy staff will be re-educated about the responsibility of taking preventive measures to prevent any resident being put in place of any potential abuse. This will be implemented by 10/29/2021.</p> <p>NS4 was counseled and re-educated on the reporting requirements, both internally and externally to ensure an investigation is initiated immediately into any abuse allegation on 09/08/2021 by the DON. As corrective action for the deficient practice in this citation, NS4 was further counselled about the required reporting times to outside agencies including SA, APS, HPD and notifying her supervisors immediately whenever any abuse or alleged abuse occurs on 9/21/2021.</p> <p>We have identified the need for the creation of a checklist tool that will be created for use in the unfortunate circumstance should ever any abuse incident occur within the facility. Use of the tool will facilitate immediate initiation of an investigation into any abuse allegation. This tool will cover:</p> <ul style="list-style-type: none"> " Immediate removal of alleged abuser from contact with resident and any resident care areas by Nursing Supervisor/DON. " Notifying DON and Administrator immediately once an event of Abuse is identified. " Updating the attending physician and 	

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4 133	Continued From page 18	4 133	<p>medical director immediately.</p> <p>" Notifying family and/or POA immediately.</p> <p>" Sending initial report of abuse to OHCA within 2 hours of incident occurring.</p> <p>" Sending report to APS within 24 hours.</p> <p>" If a crime is suspect or sexual abuse is alleged, HPD to be notified immediately. (If a crime (such as theft, physical or sexual abuse is reported/alleged, DON/Administrator will notify HPD immediately)).</p> <p>" Complete and document set of vitals on resident and complete a head to toe assessment.</p> <p>" If sexual abuse is alleged, transfer to Kapiolani Women's Center for a Rape Kit and medical follow up. Refusal of this evaluation will be witnessed by 2 licensed staff and documented.</p> <p>" If physical abuse is reported/alleged - Resident to be transferred to ER for immediate evaluation. Refusal of this evaluation will be witnessed by 2 licensed staff and documented.</p> <p>" Notify attending social worker to facilitate follow up with resident and complete a psychosocial assessment post incident.</p> <p>" Provide appropriate Trauma informed care services to Resident. Geropshych referral will be offered to resident.</p> <p>" Initiate preliminary investigation to complete OHCA report within 5 days.</p> <p>" Initiation of comprehensive investigation into incident. This may be internal or external.</p> <p>This tool will be implemented by 10/25/2021.</p>	

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4 133	Continued From page 19	4 133	<p>All allegations of abuse will be reviewed for completion of all immediate steps/reporting required, and initiation and completion of investigation/s undertaken by Admin/DON. All allegations of abuse are currently reported quarterly to QAPI and QACC and this will continue to be an ongoing process of monitoring any abuse or alleged abuse incidents.</p> <p>All allegations of abuse will be reviewed for completion of all immediate steps/reporting required, and initiation and completion of investigation/s undertaken by Admin/DON. All allegations of abuse are currently reported quarterly to QAPI and QACC and this will continue to be an ongoing process of monitoring any abuse or alleged abuse incidents.</p> <p>IDR for this FTag has been sent as an attachment through ePOC.</p>	
4 136	<p>11-94.1-30 Resident care</p> <p>The facility shall have written policies and procedures that address all aspects of resident care needs to assist the resident to attain and maintain the highest practicable health and medical status, including but not limited to:</p> <ul style="list-style-type: none"> (1) Respiratory care including ventilator use; (2) Dialysis; (3) Skin care and prevention of skin breakdown; (4) Nutrition and hydration; (5) Fall prevention; (6) Use of restraints; (7) Communication; and (8) Care that addresses appropriate growth and development when the facility provides care to infants, children, and youth. 	4 136		10/29/21

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4 136	<p>Continued From page 20</p> <p>This Statute is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to implement interventions to prevent a pressure ulcer and provide necessary treatment to prevent infection for R73 who was at risk for developing pressure ulcer/pressure injury (PU/PI) due to the presence of contractures. This deficient practice caused R73 to develop an unstageable PU/PI which was avoidable if the facility provided proper care.</p> <p>Findings include:</p> <p>R73 is a 92-year-old admitted on 06/01/20 with diagnoses of Alzheimer's disease and dementia, dysphagia, vitamin D deficiency, hypothyroidism, on GT feedings, contractures of muscles of multiple sites, and bed confinement status.</p> <p>R73 also presents with MASD to the GT site, buttock and labia and a left great toe unstageable ulcer that requires a daily dressing change. Per R73's MDS assessment dated 06/22/21, R73 is non-verbal and rarely/never understood in her ability to express ideas, wants, and understanding verbal content and requires total assistance for activities of daily living.</p> <p>On 09/14/21 at 8:30 AM in R73's room, R73 was observed contracted lying in bed on her back. Head of the bed was up at 45 degrees. A pillow was behind R73's head, a pillow behind each of R73's shoulders, and a pillow behind her back. Both of R73's arms were bent towards the chest, with a rolled bath towel in both elbow creases between each arm and trunk. Both of R73's fists were clenched around a paper towel. R73's knees were bent towards the chest with a pillow</p>	4 136	<p>RESIDENT: R73</p> <p>" Licensed Nurses and Head Nurse of the unit have commenced re-educating CNA's regarding the importance of accurate and proper documentation for R73 and all other residents that require turning and repositioning every 2 hours, to prevent the development of pressure ulcers/injuries. Implemented as of 10/11/2021 and ongoing. Licensed nurses to ensure turning and repositioning are being done every shift and documented with the correct times when the activity is completed. Current re-education and in-service to be completed by 10/29/21 for CNA's and follow-up will be ongoing.</p> <p>" Assessment of R73 and other identified residents with impaired mobility, as evidenced by contracture, incontinence, and at risk for developing pressure ulcers/injuries by Licensed Nurses and unit Head Nurse, and to ensure to re-educate nursing staff/CNA's the importance of turning and repositioning to maintain an intact skin, and the importance of accurate and proper documentation for turning and repositioning every 2 hours when the activity is completed per protocol. 10/29/21</p> <p>" As part of the admission in identifying skin issues, Licensed Nurse to ensure to communicate to Head Nurse, Wound Care Nurse and Wound Consultant (as needed) for proper treatment, including pain level and any needed pain medication to be administered prior to wound</p>	

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4 136	<p>Continued From page 21</p> <p>placed underneath the knees and between the legs. R73 also wore a brief. Both feet had foam heel protectors that were touching the bed. R73 eyes were closed and did not respond to surveyor's greeting. Surveyor observed R73 in the same position on her back on 9/14/21 at 10:30 AM and at 11:39 AM.</p> <p>On 09/16/21 at 11:09 AM and 09/17/21 at 9:17AM in R73's room, surveyor observed RN20 perform a daily dressing change to her left toe wound. Surveyor observed R73's feet turned inward in a pigeon-toed fashion when heel protectors were opened. PU/PI to left great toe was located on right side of the toe and appeared to have dry black and white tissue with no drainage. Entire left great toe was colored deep pink compared to R73's other toes which were pale. R73's knees and legs closed together tightly after the pillow in between her legs was removed.</p> <p>On 09/16/2021 at 11:09 AM at the unit's medication cart, RN20 stated that R73's PU/PI "Started with a blister. R73 presses both feet together which is how she probably got the blister. She was on doxycycline antibiotics for infection."</p> <p>On 09/16/2021 at 1:51 PM at the unit's nursing station, in an interview with NM3, she stated that in R73's care plan, intervention of "Check positioning at least every two hours as needed" meant that patient needs to be physically turned to a different position. When surveyor showed NM3 R73's turn and position flowchart with multiple entries for the same time, NM3 stated that "They (certified nursing assistants) might not chart in real time, so entries are put in late and only records the time that they inputted the entry not the actual time the patient was turned."</p>	4 136	<p>dressings. Licensed Nurse to continue with Weekly Skin and Wound Assessments. Findings will be documented and Care planned as indicated. Training and education will be provided to all nursing staff and new hires. 10/12/2021 and ongoing.</p> <p>" Residents identified as at risk of pressure injuries including R73 will continue to be assessed for the need of any additional devices such as heel protectors, pillows, wedges, to aid in adequate repositioning that will prevent vulnerable areas of the body rubbing together that may create friction and lead to the development of a pressure injury. 10/13/2021 and ongoing.</p> <p>" Policy #ORNUR0003 will be reviewed and updated by DON and Education Director, by 10/20/2021. All licensed nursing staff and CNA's are undergoing review of Policy #ORNUR0003-Skin Care and Pressure Injury Prevention. This will be completed by 10/29/21.</p> <p>" Licensed Nurses/Unit Managers/Nursing Supervisors/MDS Coordinators and Wound Care Nurse will audit compliance with the new admissions and newly identified Pressure Injury /Pressure Ulcer within 24 hours. Residents at risk of Pressure injury, current residents with pressure injuries, and residents requiring frequent turns and repositioning have been identified. Residents identified to be at risk on admission will be added to this list. These residents will be monitored daily by different shift nursing supervisors/designee, for timely turning and repositioning, as well as correct documentation (including correct times) by</p>	

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4 136	<p>Continued From page 22</p> <p>A record review (RR) was done on 9/16/21 at 1:00 PM of R73's care plan dated 06/21/21. It stated that for the problem of left great toe unstageable, the intervention is to alleviate and minimize friction/shearing during repositioning. For care plan problem: the resident has an ADL [activities of daily living] self-care performance deficit r/t [related to] impaired mobility (Decrease Range of Motion to Bilateral Upper and lower extremities) impaired cognition Dx. [diagnosis] Alzheimer's dementia, the intervention is to check positioning at least every two hours as needed. R73's task flowchart for Turn and Reposition, revealed that turning and repositioning of R73 was completed on 09/14/21 at 06:34 AM, 07:44 AM, 9:08 AM, 12:50 PM, 2:01 PM, 8:01 PM, 8:01 PM, and 8:01 PM. Surveyor did not observe the repositioning and turning of R73 from 08:30 AM to 11:39 AM as evidenced by R73 being in the same position. From 09/03/21 thru 09/15/21 except for 09/11/21, R73's flowchart for turning and repositioning indicated that R73 was turned and repositioned at the same time 53 out of 164 total entries.</p> <p>According to RR on 09/17/21 at 11:30 AM, "Nursing note" for 08/05/21 at 10:30 AM stated, "...PCP [primary care physician] notified and new orders obtained for transfer to green zone and lt. [left] great toe tx. L/M [leave message] with podiatrist office for podiatry consult ...Resident transferred via her bed to Y4 [Young 4] at 1030. On 08/05/21, clinical physician order to apply bilateral heel protectors initiated. Weekly skin assessment note on 08/09/21 stated DTI [deep tissue injury] to right medial great toe AEB [as evidenced by] blister intact with discoloration. Measuring 1.2 cm (centimeter) x 1.8cm. Cleanse with normal saline, pat dry, and</p>	4 136	<p>CNA's on the appropriate flowsheets. An audit tool will be developed to document these audits. 10/20/21 and ongoing. Weekly Skin and Wound assessment will continue to be done and documented. Monthly audit results will be reported to the DON, and will be forwarded to the QAPI Coordinator, to be presented at the quarterly QAPI meeting for further action/recommendation, as necessary. This process will be implemented by 10/20/2021 and will be ongoing.</p>	

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4 136	<p>Continued From page 23</p> <p>apply skin prep daily. Clinical physician orders on 08/26/21 of X-ray of left great toe. Diagnosis Left great toe redness and swelling. On 09/01/21, MAR stated, Doxycycline Hyclate (antibiotic) Tablet 100 mg. Give 1 tablet via GT two times a day for left great toe infection until 09/13/21. Weekly skin assessment note on 09/13/21 states Left first toe Unstageable. Area 1.0 cm x 1.4 cm with 50% dry dark scab and 50% dry white tissue. Toe swelling and redness decreased. Tx. [treatment] Cleanse left great toe unstageable wound with NS [normal saline], pat dry, apply sorbact dressing and cover with dry dressing daily. Improving.</p> <p>In a RR done on 09/17/21 at 12:00 PM, the facility's Policies and Procedures for Skin Care and Pressure Injury Prevention effective 11/08/17, stated that in Section D. Protection from Friction, Shear and Pressure, #11. For residents who are unable to turn or shift their weight, reposition every 2 to 3 hours.</p>	4 136		
4 145	<p>11-94.1-38(a) Activities</p> <p>(a) The facility must provide for an ongoing program of age-appropriate activities designed to meet the interests, physical, mental, and psychosocial well-being of each resident.</p> <p>This Statute is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to provide activities for four residents, R35, R50, R65 and R6. Resident activities are individually designed to meet their interests and supports the residents' physical, mental, and psychosocial well-being. This</p>	4 145	<p>" On 10/13/2021 Head Nurse discussed with R6 his current care plan for ambulation as part of his daily activities, as previously requested to ensure his current preference is being followed, except when he is not agreeable with this</p>	10/29/21

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4 145	<p>Continued From page 24</p> <p>deficient practice has the potential to rob residents of having a meaningful life in the facility.</p> <p>Findings include:</p> <p>1) Several observations of R35 were done on 09/14/21 through 09/16/21. During these periods of observations, R35 remained in his bed curled up in the fetal position lying on his right side. After he was greeted by the surveyor, he would respond in a foreign language. Sensory stimulation like a television being on, iPad or music being played were not observed.</p> <p>On 09/16/21 at 12:26 PM, review of R35's EMR was done. R35 is a 65-year-old admitted to the facility on 04/17/21 for dementia. His CP with target completion date 07/28/21 revealed the following: "Problem: Need of activities to maintain quality of life." "Interventions: ...play Laotian music (You tube) ...turn television on daily" A search for activity flowsheets from January to August 2021 was done, but no activity flowsheets were found to have been completed by the nursing staff. A "Nurse Note" documented in the progress notes dated and timed for 09/06/21 at "14:36" (2:36 PM) stated: "...He likes to watch TV in his room ..." (Refer F656 Develop/Implement Comprehensive Care Plan)</p> <p>On 09/17/21 at 08:41 AM, NM3 was interviewed at the unit's nursing station. She stated that R35 listens to Laotian music via the iPad.</p> <p>On 09/17/21 at 10:43 AM, the AC was interviewed at the unit's nursing station. She stated that there had been periods of time where activities</p>	4 145	<p>activity, staff to document refused. R6 has chosen his current preference for ambulation to occur twice a day. Care plan for R6 was updated 10/13/2021 to offer ambulation to R6 twice a day for mobilization and for activity, and to document if it occurred or if R6 declined activity. Re-educated CNAs the importance of acknowledging resident's preference to improve mobility and provide pleasurable activities. The Activity Director met with the unit Activity Coordinator and Activity Aide assigned to Young 3 to review the care plans of R35, R50 and R 65's and to discuss the importance of providing the identified activity preferences of these residents [10/13/2021]. The unit Activity Coordinator was instructed [10/19/2021] to conduct monthly audits of these residents and to discuss the results in the monthly staff meeting, to plan for any needed corrective action. Re-educated CNAs and activity staff of the importance of providing the residents with activities of their preference.</p> <p>" Licensed Nurses and Head Nurses will assess to identify the resident's ability and potential to ambulate, and to ensure ambulation is offered to R6 twice a day if appropriate. CNAs to report to Licensed Nurses and/or Head Nurses for any decline and changes for referrals to other services such as, rehab as needed, and care plan to be updated. Unit staff to refer to list of residents that are similar to these residents, impacted by this deficient practice (R35, R50 and R 65's), noted as residents that are dependent on staff to engage in the pursuits of their listed</p>	

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4 145	<p>Continued From page 25</p> <p>personnel could not do activities with the resident because of restrictions placed due to the COVID-19 pandemic. She further stated that during those periods, nursing personnel were supposed to do activities with the residents and document it in the resident's EMR. She further informed the surveyor that doing activities with R35 was difficult because of the language barrier, but that he still enjoys music played via the iPad or television.</p> <p>On 09/17/21 at 3:00 PM, R35's activity flowsheets for the months of June to August 2021 were reviewed. A retrospective analysis of the activity flowsheets showed for the month of August: "Music/Radio" was marked as completed for seven of the 31 days. No days were marked done for "TV Favorites." The month of July revealed "Music/Radio" was not marked for the whole month. "TV Favorites" was marked completed for 13 of the 31 days. For June, there were 18 days of the 30-day total, marked as done for "TV Favorites" and no days were marked for "Music/Radio."</p> <p>2) Several observations of R50 were done on 09/14/21 through 09/16/21. All the following observations were of R50 in her room: On 09/14/21 at 09:22 AM and 09/15/21 at 07:48 AM, R50 was found lying on her back situated centrally on her bed which was placed on the floor, mattresses on either side of her bed. She had hand rolls in both of her hands, made eye contact with the surveyor when she was addressed, moved all her extremities, and made verbalizations to herself that were difficult to understand. On 09/14/21 at 11:56 AM, R50 was lying horizontally on the mattress, restless and moving her limbs. On 09/15/21 at 09:21 AM, R50 was up in a recliner and did not respond to the</p>	4 145	<p>preferences. List of residents will be completed by 10/26/21. Future admissions will be identified and discussed in the admission IDT, which will be noted on the resident's participation flow sheet. Staff will utilize the list to focus on which residents are at risk of this deficient practice.</p> <p>" Residents at risk for fall including R6 will continue to be assessed for assistance needed as necessary. CNS will continue to document report every shift about resident's performance for re-evaluating resident's level of function. For activity based care plans, the activity staff will add a summary of the residents care planned activities into the activity participation flow sheet chart, to serve as cue, as to the resident's interests, 10/26/2021. The activity participation flow sheet/attendance will be kept on each unit for the nursing staff to be able to document leisure activities. The Nursing staff will be in-serviced for the process of the documentation by 10/26/2021.</p> <p>" Licensed Nurses/Nursing Supervisors and Rehab Department, for ambulation and the unit Activity Coordinators and Activity Director, for activity preferences, will audit compliance as evidence by monitoring resident's level of function, on a monthly basis for ambulation, and for preferred activities being provided. Results of audits will be reported to DON and Quality Manager monthly for further action/recommendation as needed. 10/29/ 2021 and ongoing.</p>	

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4 145	<p>Continued From page 26</p> <p>surveyor when she was greeted. On 09/16/21 at 2:00 PM, music via a radio player located in the corner of her room, was playing while she lied quietly, centered in her bed, and made eye contact with the surveyor when she was greeted.</p> <p>On 09/16/21 at 09:41 AM, R50's EMR was reviewed. R50 is a 54-year-old resident admitted to the facility on 11/18/20 for early onset Alzheimer's disease. Her CP with target completion date 08/12/21 revealed: "Problem: Need of activities to maintain quality of life" "Interventions: "...Turn radio daily ..." "Problem: BEHAVIOR - Resident noted to yell at staff, constantly fidgets in bed, talking to self, grinding her teeth." "Interventions: "Sensory stimulation calming music" A search for activity flowsheets from January to August 2021 was done, but no activity flowsheets were found to have been completed by the nursing staff. R50's behavior monitors flowsheet for August 2021 was reviewed. There were 10 days (August 2, 3, 4, 10, 12, 13, 14, 16, 17 and 22) where music was documented as not being played to manage R50's behaviors as indicated by "6) turn on radio with calming music" not being entered. (Refer F656 Develop/Implement Comprehensive Care Plan)</p> <p>On 09/17/21 at 08:41 AM, UM3 was interviewed at the unit's nursing station. She stated that music helps to manage R50's behaviors and she stays calm when music is played. On 09/17/21 at 10:43 AM, the AC was interviewed at the unit's nursing station. She stated that there had been periods of time where activities</p>	4 145		

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4 145	<p>Continued From page 27</p> <p>personnel could not do activities with the resident because of restrictions placed due to the COVID-19 pandemic. She further stated that during those periods, nursing personnel were supposed to do activities with the residents and document it in the resident's EMR.</p> <p>On 09/17/21 at 3:15 PM, R50's activity flowsheet for the month of August 2021 was reviewed. When it was compared to R50's August 2021 behavior monitors flowsheet, there was a total of seven days (August 2, 3, 4, 10, 13, 14, 17) where "Music" as a "Group Program" and "Music/Radio" as an independent activity were not documented as being done for R50.</p> <p>3) Several observations of R65 were done of the resident in his room on 09/14/21 through 09/16/21. R65 was observed receiving oxygen through tubing going to his tracheostomy. An electronic pump delivering liquid nutrition was noted next to his bed. R65 did not respond to any verbal greeting given by the surveyor. Sensory stimulation like a television, iPad or music being played were not observed.</p> <p>On 09/17/21 at 11:53 AM. R65's EMR was reviewed. R65 is a 57-year-old resident initially admitted to the facility on 10/12/16 and currently has the diagnosis of "persistent vegetative state". His CP with target completion date of 08/26/21 revealed: "Problem: Need of activities to maintain quality of life" "Interventions: keep radio (Hawaiian) on during day" A search for activity flowsheets from January to August 2021 was done, but no activity flowsheets were found to have been completed by the nursing staff. A review of "Nurse</p>	4 145		

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4 145	<p>Continued From page 28</p> <p>Note(s)" in the progress notes was done from the 01/04/21 at "14:08" (2:08 PM) documentation to 09/16/21, "04:25" (04:25 AM) note, there was no indication about playing Hawaiian music on a device for R65. (Refer F656 Develop/Implement Comprehensive Care Plan)</p> <p>On 09/17/21 at 08:41 AM, NM3 was interviewed at the unit's nursing station. She stated that R65 likes to Hawaiian music and listens to sports. Surveyor informed NM3 that R65 did not have a music player in his room. She stated that R65 previously had a music player in his room. After the interview, NM3 was observed in the unit's hallway, holding a music player telling the CNA to place the player in R65's room.</p> <p>On 09/17/21 at 10:43 AM, the AC was interviewed at the unit's nursing station. She stated that there had been periods of time where activities personnel could not do activities with the resident because of restrictions placed due to the COVID-19 pandemic. She further stated that during those periods, nursing personnel were supposed to do activities with the residents and document it in the resident's EMR. She stated that sensory stimulation is done with R65 and that he likes Hawaiian music.</p> <p>On 09/17/21 at 3:30 PM, R65's activity flowsheets for the months of June to August 2021 were reviewed. A retrospective analysis revealed: nine of the 31 days of August were marked as done for "Music," 21 of the 31 days of July were marked completed for "Music," and 25 of the 30 days in June were marked as completed.</p> <p>4) R6 is a 67 year old admitted on 06/13/19 with diagnoses of Parkinson's disease (chronic and progressive movement disorder that causes</p>	4 145		

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4 145	<p>Continued From page 29</p> <p>tremors in hands, stiffness, or slowing of movement), slurred speech, polyneuropathy (damage of peripheral nerves), colostomy (operation that creates an opening for the large intestine through the abdomen), urinary catheter (tube inserted into bladder to drain urine), acute embolism and thrombosis of unspecified deep veins of lower extremity (reduced blood flow to legs due to blood clots), congestive heart failure (heart unable to pump blood efficiently), difficulty walking, and gastroesophageal reflux disease without esophagitis (acid from stomach flows backward into the throat but no damage to the throat).</p> <p>In an observation on 09/14/21 at 11:30 AM in R6's room, R6 was alert and oriented to self, place, time and situation. R6 answered questions appropriately when asked.</p> <p>In an interview with R6 on 09/14/21 at 11:30 AM in R6's room, R6 stated that he walks with a certified nurse assistant (CNA) after lunch daily. R6 stated that he has asked staff to go walking in the hallway more than once a day, but his request was not addressed. R6 stated, "They said they don't have enough time. They are too busy charting."</p> <p>Record review on 9/17/21 at 11:37 AM, showed that R6's MDS, with ARD of 07/16/21, indicated a BIMS score of 15 meaning R6 is cognitively intact. MDS assessment with ARD 09/09/21 for Functional Abilities and Goals showed that once standing, R6 can walk at least 10-150 feet in a room, corridor or similar space with partial or moderate assistance. Resident's care plan on 06/21/21 for problem of decreased range of motion listed an intervention that resident requests to walk around unit at least one time a</p>	4 145		

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4 145	Continued From page 30 day.	4 145		
4 174	<p>11-94.1-43(b) Interdisciplinary care process</p> <p>(b) An individualized, interdisciplinary overall plan of care shall be developed to address prioritized resident needs including nursing care, social work services, medical services, rehabilitative services, restorative care, preventative care, dietary or nutritional requirements, and resident/family education.</p> <p>This Statute is not met as evidenced by: Based on staff interviews and record review, the facility failed to ensure a baseline care plan was developed which included the instructions needed to provide effective and person-centered care of the resident for R336. R336's care plan did not include the use of resident's regularly scheduled anticoagulant (blood thinner medication) to ensure staff are monitoring R336 for side effects and potential dangers of the use of the medication. As a result of this deficiency, the resident is at an increased risk of bleeding and potential harm.</p> <p>Findings include:</p> <p>On 09/16/21 at 10:59 AM, conducted a record review of R336's EMR. Review of the resident's medical diagnosis documented R336 had a cerebral infarction (stroke) and is on long term use of an anticoagulant. Review of R336's medication orders documented an order for Apixaban (Eliquis) 2.5 milligrams tablet, Give 1 tablet by mouth every 12 hours for CVA (stroke) was ordered on 09/03/21 at 8:00 PM. Review of the resident's admission MDS documented in</p>	4 174	<p>CORRECTIVE ACTION TO THIS DEFICIENT PRACTICE:</p> <p>" RN63 reviewed Resident R336's care plan and updated to include the use of Eliquis. Completed 09/21/2021</p> <p>" The MDS Coordinator reviewed Resident R336's Medication Orders and MAR and corrected the MDS. Completed on 09/21/2021</p> <p>IDENTIFICATION OF OTHER RESIDENTS HAVING THE POTENTIAL OF BEING AFFECTED BY THIS DEFICIENT PRACTICE:</p> <p>" MDS Coordinator/Head Nurse to do an audit of all residents on anticoagulants in the past 6 months and correct any deficiency on care plan. Completed by: 10/29/21</p> <p>MEASURES/SYSTEMIC CHANGES MADE TO ENSURE NO RECURRENCE OF THIS DEFICIENT PRACTICE:</p> <p>" All Licensed Nurses re-educated</p>	10/29/21

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4 174	<p>Continued From page 31</p> <p>Section N- Medications N.0410 was coded as zero (0), indicating the resident did not receive Eliquis within the past 7 days of the review. Review of the R336's care plan did not include the resident's use of an anticoagulant.</p> <p>During an interview and concurrent record review with the MDS Coordinator on 09/17/21 at 08:11 AM in the conference room, the MDS Coordinator confirmed R336's assessment was completed on 09/16/21, but had not yet been submitted. The MDS Coordinator reviewed the resident's medication orders and MAR and stated he/she had missed that the resident is administered Eliquis, and the medication should have been coded on the MDS but was not. The MDS Coordinator thanked this surveyor for finding the error and stated the resident's admission MDS would have been sent out with the error had this surveyor not informed him/her. The MDS Coordinator then proceeded to correct the R336's admission MDS to include the resident's use of an anticoagulant.</p> <p>On 09/17/21 at 09:12 AM, conducted an interview and concurrent record review with registered nurse (RN)63 regarding R336's use of an anticoagulant medication. RN63 confirmed R336 did have a Physician's Order for Apixaban (Eliquis) 2.5 mg every 12 hours and review of the MAR documented the resident was administered the medication as ordered, and review of the Care Plan documented the resident should have had a care plan for the use of the anticoagulant medication but did not. RN63 then proceeded to update R336's care plan to include the use of Eliquis.</p>	4 174	<p>regarding baseline care plans by RAI/Head Nurses. Completed by 10/29/2021.</p> <p>" In-services and re-education will be on-going for all nurses annually and as needed.</p> <p>" Process Improvement Plan (PIP) for Baseline Care Plans email group established by 10/15/2021. Licensed nurses and interdisciplinary team members will email group when he/she completes their care plans. 10/15/21 and On-going.</p> <p>" All NEW anticoagulant orders will have a care plan created within 24 hours of the order. 10/21/21 and on-going</p> <p>" MDS Coordinators/Head Nurse checks to ensure base line care plan developed provides effective and person-centered care. Implemented 10/12/2021 and on-going.</p> <p>MONITORING TO ENSURE EFFECTIVENESS OF CORRECTIVE ACTION:</p> <p>" MDS Coordinators/Unit Managers/Designee will monitor compliance through audit of new admissions <input type="checkbox"/> baseline care plans by 40 hours <input type="checkbox"/> post-admission. Anything found to be out of compliance to be completed by 48 hours post-admission by the discipline identified to be out of compliance. 10/21/21 and on going</p> <p>" The Nursing Supervisors and Head Nurses/or designee will continuously monitor every resident <input type="checkbox"/>s Baseline Care plan on each nursing unit. The Pharmerica Monthly Facility Clinical Report on Anti -Coagulants, is reviewed</p>	

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4 174	Continued From page 32	4 174	monthly, to ensure that the anticoagulant is care planned and coded in the MDS accurately. This will be implemented by 10/29/2021 and will be on-going. " The results of this monthly monitoring will be reported to the quarterly Quality Assurance (QAPI) Committee Meeting, and actions/recommendations will be implemented as necessary. 10/29/21 and on-going IDR for this FTag has been sent as an attachment through ePOC.	
4 176	1-94.1-43(d) Interdisciplinary care process (d) Implementation of the overall plan of care shall be documented in each resident's medical record. This Statute is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to provide services to four residents, R35, R50, R65 and R73, as outlined in their comprehensive care plan. This deficient practice does not provide care to these residents that are needed to maintain their highest practicable physical, mental, and psychosocial well-being. Findings include: 1) Several observations of R35 were done on 09/14/21 through 09/16/21. During these periods of observations, R35 remained in his bed curled up in the fetal position lying on his right side. After he was greeted by the surveyor, he would respond in a foreign language. Sensory stimulation like a television being on, iPad or music being played were not observed.	4 176	" R73, R35, R50 and R65's current care plans were reviewed with RN20 by Unit Manager (for R73) and by the Young 3 Nursing and activity staff (including the unit Nurse Manager and Activity director) for R35, R50, R65 . 10/18/21. " For R73 the importance of reviewing the care plan pertaining to pain assessment during dressing change discussed with RN20 on 10/12/2021. It was identified the need to update with the MD the pain medication order. Obtained updated order from MD on 10/12/2021 to assess pain level and administer pain medication prior to dressing changes. Pain medication to be administered one hour prior to R73's daily dressing change. This was implemented on 10/12/2021 and will be ongoing until	10/29/21

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4 176	<p>Continued From page 33</p> <p>On 09/16/21 at 12:26 PM, review of R35's EMR was done. R35 is a 65-year-old admitted to the facility on 04/17/21 for dementia (loss of cognitive functioning). His care plan (CP) with target completion date 07/28/21 revealed the following: "Problem: Need of activities to maintain quality of life." "Interventions: ...play Laotian music (You tube) ...turn television on daily" A search for activity flowsheets from January to August 2021 was done, but no activity flowsheets were found to have been completed by the nursing staff. A "Nurse Note" documented in the progress notes dated and timed for 09/06/21 at "14:36" (2:36 PM) stated: "...He likes to watch TV in his room ..."</p> <p>On 09/17/21 at 08:41 AM, NM3 was interviewed at the unit's nursing station. She stated that R35 listens to Laotian music via the iPad.</p> <p>On 09/17/21 at 10:43 AM, the AC was interviewed at the unit's nursing station. She stated that there had been periods of time where activities personnel could not do activities with the resident because of restrictions placed due to the COVID-19 pandemic. She further stated that during those periods, nursing personnel were supposed to do activities with the residents and document it in the resident's EMR. She further informed the surveyor that doing activities with R35 was difficult because of the language barrier, but that he still enjoys music played via the iPad or television.</p> <p>On 09/17/21 at 3:00 PM, R35's activity flowsheets for the months of June to August 2021 were reviewed. A retrospective analysis of the activity flowsheets showed for the month of August:</p>	4 176	<p>further review by MD and nursing staff, and/or pressure injury resolved and no longer requiring dressing changes. " Upon admission residents admitted with pressure injuries and current residents with pressure injuries requiring dressing changes, will have the Licensed nurses review with MD pain medication orders, and obtain or update orders from MD, for routine pain medication orders and prior to wound dressings. Effectivity of pain medication will be documented by licensed nurses. This was implemented on 10/12/2021 and will be ongoing for all residents with pressure ulcers requiring dressing changes. " Ongoing education provided by Head Nurses/Nursing Supervisors/Wound Care Nurse to all Licensed Nurses and newly hired licensed nurses, regarding importance of pain assessment and pain management for all residents. Policy #LNUR0014- Pain Assessment and Care Management will be reviewed and updated by DON, Nursing Supervisors, and Head Nurses, and will be completed by 10/20/2021. Head Nurses will be review the updated policy with all licensed nurses. For activity based care plans, the activity staff will add a summary of the residents care planned activities into the activity participation flow sheet chart to serve as cue, as to the resident's interests, 10/26/2021. " The Activity Director met with the unit Activity Coordinator and Activity Aide assigned to Young 3 to review the care plans of R35, R50 and R 65 and to discuss the importance of providing the identified activity preferences of residents</p>	

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4 176	<p>Continued From page 34</p> <p>"Music/Radio" was marked as completed for seven of the 31 days. No days were marked done for "TV Favorites." The month of July revealed "Music/Radio" was not marked for the whole month. "TV Favorites" was marked completed for 13 of the 31 days. For June, there were 18 days of the 30-day total, marked as done for "TV Favorites" and no days were marked for "Music/Radio."</p> <p>2) Several observations of R50 were done on 09/14/21 through 09/16/21. All the following observations were of R50 in her room: On 09/14/21 at 09:22 AM and 09/15/21 at 07:48 AM, R50 was found lying on her back situated centrally on her bed which was placed on the floor, mattresses on either side of her bed. She had hand rolls in both of her hands, made eye contact with the surveyor when she was addressed, moved all her extremities, and made verbalizations to herself that were difficult to understand. On 09/14/21 at 11:56 AM, R50 was lying horizontally on the mattress, restless and moving her limbs. On 09/15/21 at 09:21 AM, R50 was up in a recliner and did not respond to the surveyor when she was greeted. On 09/16/21 at 2:00 PM, music via a radio player located in the corner of her room, was playing while she lied quietly, centered in her bed, and made eye contact with the surveyor when she was greeted.</p> <p>On 09/16/21 at 09:41 AM, R50's EMR was reviewed. R50 is a 54-year-old resident admitted to the facility on 11/18/20 for early onset Alzheimer's disease (loss of cognitive functioning). Her CP with target completion date 08/12/21 revealed: "Problem: Need of activities to maintain quality of life"</p>	4 176	<p>on 10/13/2021. For R35, R50 and R 65□s: their room setups were evaluated and staff installed a wall mounted music players in each of their rooms on 10/12/2021, next to the head of their beds. Staff set up a loaned TV for use at the resident□s bedside of resident R35 on 10/12/2021. Play lists will be created on flash drives for music per each resident□s preferences (by 10/26/21), and is compatible to play on the wall mounted music players. The unit Activity Coordinator will conduct monthly audits of these residents and to discuss the results in the monthly staff meeting, to plan for any needed corrective action. These audits will be implemented by October 26, 2021 and will be ongoing.</p> <p>" Activity and Nursing staff reviewed all of the resident□s activity based Care plans, to re-familiarize themselves to the resident□s current activity preferences. The Activity Director and Activity Coordinators will create a list of current resident□s that could have a potential of being impacted by this deficient practice (R35, R50 and R 65□s), noted as residents that are dependent of staff to engage in the pursuits of their listed preferences. New admissions will be identified and discussed in the admission IDT, which will further be noted on the resident□s participation flow sheet. Staff will utilize the list to highlight which residents are at risk in the future of this deficient practice. 10/26/21 and on-going.</p> <p>" The activity participation flow sheet/attendance will be kept on each unit for the nursing staff to be able to document leisure activities. The Nursing</p>	

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4 176	<p>Continued From page 35</p> <p>"Interventions: " ...Turn radio daily ..."</p> <p>"Problem: BEHAVIOR - Resident noted to yell at staff, constantly fidgets in bed, talking to self, grinding her teeth."</p> <p>"Interventions: "Sensory stimulation calming music"</p> <p>A search for activity flowsheets from January to August 2021 was done, but no activity flowsheets were found to have been completed by the nursing staff. R50's behavior monitors flowsheet for August 2021 was reviewed. There were 10 days (August 2, 3, 4, 10, 12, 13, 14, 16, 17 and 22) where music was documented as not being played to manage R50's behaviors as indicated by "6) turn on radio with calming music" not being entered.</p> <p>On 09/17/21 at 08:41 AM, NM3 was interviewed at the unit's nursing station. She stated that music helps to manage R50's behaviors and she stays calm when music is played.</p> <p>On 09/17/21 at 10:43 AM, the AC was interviewed at the unit's nursing station. She stated that there had been periods of time where activities personnel could not do activities with the resident because of restrictions placed due to the COVID-19 pandemic. She further stated that during those periods, nursing personnel were supposed to do activities with the residents and document it in the resident's EMR.</p> <p>On 09/17/21 at 3:15 PM, R50's activity flowsheet for the month of August 2021 was reviewed. When it was compared to R50's August 2021 behavior monitors flowsheet, there was a total of seven days (August 2, 3, 4, 10, 13, 14, 17) where "Music" as a "Group Program" and "Music/Radio" as an independent activity were not documented as being done for R50.</p>	4 176	<p>staff will be in-serviced for the process of the documentation by October 26, 2021.</p> <p>" Licensed Nurse/Unit managers/MDS Coordinators and Wound Care Nurse /QAPI, will monitor compliance with the new admissions and newly identified Pressure Injury /Pressure Ulcer within 24 hours. Activity participation flow sheets will be audited monthly by each unit Activity Coordinator, to ensure identified resident's activity preferences are being provided and to discuss the results in the monthly staff meeting for needed action/recommendation. The Activity Director will complete an independent quarterly audit of the activity participation flow sheets, to monitor that the documentation on the flow sheets, reflects the preferred resident care planned activities/preferences. Results of monthly QA audits will be reported to the facility's Administration through the quarterly QAPI meetings, for further action and recommendations. 10/29/21 and on-going.</p>	

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4 176	<p>Continued From page 36</p> <p>3) Several observations of R65 were done of the resident in his room on 09/14/21 through 09/16/21. R65 was observed receiving oxygen through tubing going to his tracheostomy (surgically formed hole in his trachea). An electronic pump delivering liquid nutrition was noted next to his bed. R65 did not respond to any verbal greeting given by the surveyor. Sensory stimulation like a television, iPad or music being played were not observed.</p> <p>On 09/17/21 at 11:53 AM. R65's EMR was reviewed. R65 is a 57-year-old resident initially admitted to the facility on 10/12/16 and currently has the diagnosis of "persistent vegetative state" (severe brain damage). His CP with target completion date of 08/26/21 revealed: "Problem: Need of activities to maintain quality of life" "Interventions: keep radio (Hawaiian) on during day" A search for activity flowsheets from January to August 2021 was done, but no activity flowsheets were found to have been completed by the nursing staff. A review of "Nurse Note(s)" in the progress notes was done from the 01/04/21 at "14:08" (2:08 PM) documentation to 09/16/21, "04:25" (04:25 AM) note, there was no indication about playing Hawaiian music on a device for R65.</p> <p>On 09/17/21 at 08:41 AM, NM3 was interviewed at the unit's nursing station. She stated that R65 likes to Hawaiian music and listens to sports. Surveyor informed NM3 that R65 did not have a music player in his room. She stated that R65 previously had a music player in his room. After the interview, NM3 was observed in the unit's hallway, holding a music player telling the CNA to</p>	4 176		

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4 176	<p>Continued From page 37</p> <p>place the player in R65's room.</p> <p>On 09/17/21 at 10:43 AM, the AC was interviewed at the unit's nursing station. She stated that there had been periods of time where activities personnel could not do activities with the resident because of restrictions placed due to the COVID-19 pandemic. She further stated that during those periods, nursing personnel were supposed to do activities with the residents and document it in the resident's EMR. She stated that sensory stimulation is done with R65 and that he likes Hawaiian music.</p> <p>On 09/17/21 at 3:30 PM, R65's activity flowsheets for the months of June to August 2021 were reviewed. A retrospective analysis revealed: nine of the 31 days of August were marked as done for "Music," 21 of the 31 days of July were marked completed for "Music," and 25 of the 30 days in June were marked as completed.</p> <p>4) R73 is a 92-year-old admitted on 06/01/20 with diagnoses of Alzheimer's disease and dementia (decreased memory and thinking skills), dysphagia (difficulty swallowing), vitamin D deficiency, hypothyroidism (underactive thyroid), on gastric tube (GT) feedings (liquid nutrition given through a surgically created tube to the stomach), contractures (shortening and hardening) of muscles of multiple sites and confined to bed. Per R73's weekly skin assessment dated 09/13/21, R73 has moisture-associated skin damage or MASD (inflammation and erosion of the skin caused by prolonged exposure to moisture and its contents) to the GT site, buttock and labia and a left great toe unstageable ulcer that requires a daily dressing change. Per R73's MDS assessment dated 06/22/21, R73 is non-verbal and</p>	4 176		

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NAME OF PROVIDER OR SUPPLIER LEAHI HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 3675 KILAUEA AVENUE HONOLULU, HI 96816
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4 176	<p>Continued From page 38</p> <p>rarely/never understood in her ability to express ideas, wants, and understanding verbal content and requires total assistance for activities of daily living.</p> <p>On 09/16/21 at 11:11 AM in R73's room, R73 was observed contracted lying in bed on her back. Head of the bed was up at 45 degrees. A pillow was behind R73's head, a pillow behind each of R73's shoulders, and a pillow behind her back. Both of R73's arms were bent towards her chest, with a rolled bath towel in both elbow creases between each arm and trunk. Both of R73's fists were clenched around a paper towel. R73's knees were bent towards the chest with a pillow placed underneath the knees and between the legs. R73 also wore a brief. Both feet had foam heel protectors that were touching the bed. R73 eyes were closed and did not respond to surveyor's greeting. Surveyor observed registered nurse RN20 perform a daily dressing change to a pressure ulcer on her left great toe. R73 started moaning and had facial grimacing when her feet were removed from the heel protectors and when the pillow was removed from between her knees for the dressing change. R73 continued to moan and have facial grimacing during the dressing change. After the dressing change was completed, R73 moaned and grimaced when both feet were placed back into heel protectors and when knees were opened to place a pillow in between them.</p> <p>On 09/16/21 at 01:48 PM RN20 was interviewed at the unit's nursing station. Surveyor asked RN20 if any pain medication was given to R73 today, RN20 stated that no pain medication was given. No assessment was done as per R73's care plan dated 06/21/21, which stated for left great toe unstageable wound, intervention was to</p>	4 176		

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4 176	<p>Continued From page 39</p> <p>"Assess resident pain level thru facial grimacing. Administer medication prior to dressing change."</p> <p>Then, on 09/17/21 at 09:55 AM in R73's room, RN20 stated that R73 was recently given pain medication because R73 was moaning during nursing care that morning. Surveyor observed daily dressing change performed by RN20 again. R73 appeared to have decreased facial grimacing and moaning during dressing change compared to the day prior. RN20 stated that "I give medication if R73 is moaning but R73 always moans when position changes are done. R73 was on pain medication routinely but the doctor made it PRN [as needed] because it would mask symptoms of fever."</p> <p>A record review of R73's EMR was done on 09/17/21 at 12:29 PM. R73's MAR indicated Mapap Liquid (acetaminophen) 160 mg/5 mL (milliliters) Give 20 ml via GT every 4 hours as needed for pain or temperature of 100 or higher Max 4 gm/day. Acetaminophen was last given by RN20 on 09/16/21 at 2:06 PM and on 09/17/21 at 09:05 AM for a pain level of 2 with follow-up code listed as effective for both administrations.</p>	4 176		
4 203	<p>11-94.1-53(a) Infection control</p> <p>(a) There shall be appropriate policies and procedures written and implemented for the prevention and control of infectious diseases that shall be in compliance with all applicable laws of the State and rules of the department relating to infectious diseases and infectious waste.</p> <p>This Statute is not met as evidenced by:</p>	4 203		10/29/21

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4 203	<p>Continued From page 40</p> <p>Based on observation and staff interviews, the facility failed to ensure infection control practices were implemented to help prevent the development and transmission of communicable diseases and infections for R37. Observed R37's catheter bag and tubing in direct contact with the floor. As a result of this deficiency, R37 is at an increased risk of infection.</p> <p>Findings include:</p> <p>On 09/14/21 at 09:39 AM, observed R37 laying in bed, the bed was in the lowest position and a catheter bag was hanging from the bed. Observed the catheter bag and tubing in direct contact with the ground.</p> <p>During an interview on 09/17/21 at 09:35 AM, RN63 confirmed R37's catheter bag and tubing should not touch the ground and places R37 at an increased risk for infection.</p>	4 203	<p>" R37's urinary catheter bag has been covered and tubing is coiled to ensure none of the catheter bag nor the tubing touches the floor. 09/21/21 Staff involved (licensed and C.N.A.'s) in the care of R37 has been counseled and re-educated on the importance of ensuring the catheter bag and the tubing will not touch the floor to prevent the resident from having increased the risk of catheter associated infection. 10/12/21 The facility will conduct Root-cause analysis to find out the reasons why this incident happened in order to know what actions to take to avoid recurrence. 10/15/21</p> <p>" All residents with urinary catheters will be checked to ensure they all have urinary bag covers and to ensure the placement of their tubings and catheter bags are not touching the floor. 09/21/21</p> <p>" All staff (licensed and C.N.A.'s) are re-educated on the care of the urinary bags to ensure no catheter bags or tubings are found touching the floor. (CDC TRAIN-Module 10A Indwelling urinary Catheter Video) 10/29/21 The Unit Head nurse, the Infection Preventionist, and the Education Director will re-educate all Licensed staff and the C.N. A's, on the care of catheter and catheter bags to ensure they understand the reasons of not letting the urinary bags and the tubing touch the floor, to prevent the resident from having increased risk of catheter associated infection. 10/29/21 The C.N.A. in-charge of the care of any resident with catheter will ensure that</p>	

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4 203	Continued From page 41	4 203	<p>he/she checks every time he/she repositions the resident to ensure the bag or the catheter tubing is not touching the floor. 09/21/21 and ongoing</p> <p>" The Unit Head Nurse/Designee will be checking the urinary catheters and the bags every shift to ensure this infection control guideline are being followed. The IP will be making rounds monthly, to ensure the infection prevention aspect of catheter care, including making sure the catheter tubings or bags are not touching the floor, catheter is secured, and catheter is free from kinks and loops, are implemented. The results of this monitoring will be documented and will be forwarded quarterly to the QAPI committee for further actions and recommendations, as necessary. 10/15/21 and on-going.</p>	