

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125064</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/03/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLARENCE TC CHING VILLAS AT ST FRANCIS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2230 LILIHA STREET HONOLULU, HI 96817</b>
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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.</p> <p>Survey dates: November 30 to December 03, 2021</p> <p>Survey Census: 70</p> <p>Sample size: 19</p>	4 000		
4 055	<p>11-94.1-6(e) Licensing</p> <p>(e) All facilities shall not discriminate against any individual as per all federal and state civil rights and anti-discrimination regulations. Should the facility not be able to provide care and services to individuals based on their age, i.e., infants and youth, or specific disability, the facility will need to indicate so in their policies and procedures and by-laws.</p> <p>This Statute is not met as evidenced by: Based on interview and RR, the facility failed to ensure the documented Facility Assessment included information on the ethnic, cultural, religious, staffing, training, and personnel resources necessary and available to care for its residents competently. This is a failure of the facility to identify the personal needs of each and every resident that resides there.</p> <p>Finding includes: On 12/02/21 at 2:05 PM, a concurrent interview</p>	4 055	<p>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>1. The Facility Assessment was reviewed and updated on 1/14/22 as needed by</p>	1/14/22

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

TITLE

(X6) DATE  
01/14/22

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4 055	<p>Continued From page 1</p> <p>with the facility's Executive Director (ED) and a review of the Facility Assessment were done. It was noted that for the ethnic, cultural, and religious factors, including activities, food, and nutrition services necessary to care for the resident population, there were lists of different items, but no data had been collected to reflect the residents' potential needs in these areas. For example, under "Spiritual/Religious Services" there was the following list:</p> <p>Catholic Mainline Protestant Other Christian Jewish Buddhist</p> <p>There was no information to indicate how many residents, if any at all, practiced each faith listed. None of the categories were defined or clarified, such as "Other Christian". There was no indication if the residents actually practiced their faiths, or what their spiritual/religious needs might be as a person actively practicing their faith. The lists of categories lacking collected data reflecting the resident population continued throughout the ethnic, cultural, and religious sections.</p> <p>Under the Staffing, Training, Services and Personnel section it was noted that there were lists of resident needs (functional, mobility, disease-specific, etc.) with three columns titled: Overall Staffing, Staff Competencies, Services. Below each of the three columns, instead of data indicating what the staff resources, education, training, and competencies were, the word "Evaluated" was repeated for every category in the list.</p>	4 055	<p>Administration regarding the information under the Cultural Section for cultural/religious services to reflect current population and services available. The Staff trainings needs / competencies relating to the defined topics based on the facility evaluation had all taken place and are ongoing. However, they were not included in the Facility Assessment supporting documentation. These were reviewed and included with the Facility Assessment by the Staff Development Coordinator / Infection Control Preventionist.</p> <p>2. Facility guests have the potential to be affected by the alleged practice.</p> <p>3. The Administrator and Staff Development Coordinator (SDC) were inserviced on 1/14/22, on the Facility Assessment by the Compliance Officer. Inservices will be ongoing as needed. Religious services were updated to reflect current population. Services available include laypersons non-denominational religious services / visits available, Catholic services available, Christian Chapel onsite with services (when allowed related to COVID and gatherings), inter-faith Chaplains <input type="checkbox"/> visits, Buddhist priest available, end of life counseling services, community religious leader visits, transport for community worship services available. Guests <input type="checkbox"/> personal religious/spiritual advisor visits are encouraged. Religious reading / study materials are available for all religions onsite and also available for download for individual use.</p> <p>Dietary reviews guests <input type="checkbox"/> dietary preferences/practices. Religious</p>	

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4 055	Continued From page 2  When questioned about the lacking data, the ED indicated he thought it was in there. As he turned through the pages of the Facility Assessment to show the surveyor where the data could be found, the ED stated, "oh, it says evaluated."	4 055	<p>observant and ethnic food choices are available. Both religious and non-religious holidays are observed per guest choice.</p> <p>The Administrator and SDC were inserviced on 1/14/22, on the Facility Assessment by the Compliance Officer. Inservices will be ongoing as needed. Along with mandatory education, staff training subjects were determined related to the Facility assessment. These included but not limited to ADL training, daily care, ambulation, transfer, toileting, mobility <input type="checkbox"/> range of motion. The supporting documentation was added to the overall Facility Assessment.</p> <p>4. The Administrator will monitor compliance with the overall Facility Assessment through review monthly and updates as needed for a minimum of 3 months or until compliance is achieved. The Activity Coordinator will monitor compliance with religious / cultural preferences through medical record audits weekly and updates as needed for 12 weeks or until compliance is achieved. The SDC will monitor staff trainings with identified needs from the Facility Assessment monthly and update as need for a minimum of 3 months or until compliance is achieved. The SDC will provide copies of staff trainings in identified subjects to the Administrator as they occur. Reviews and audits will be brought to the Quality Assurance and Performance Improvement (QAPI) meeting monthly for review and recommendations for a minimum of 3 months or until compliance is achieved.</p>	

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4 089	Continued From page 3	4 089		
4 089	<p>11-94.1-16(b) Governing body and management</p> <p>(b) The facility shall ensure that:</p> <p>(1) Staff sufficient in number and qualifications shall be on duty twenty-four hours a day to carry out the policies, responsibilities, assessed care needs of the residents and program of the facility; and</p> <p>(2) The numbers and categories of personnel shall be determined by the number, acuity level, and needs of residents.</p> <p>This Statute is not met as evidenced by: Based on interview and RR, the facility failed to ensure the documented Facility Assessment included information on the ethnic, cultural, religious, staffing, training, and personnel resources necessary and available to care for its residents competently. This is a failure of the facility to identify the personal needs of each and every resident that resides there.</p> <p>Finding includes:</p> <p>On 12/02/21 at 2:05 PM, a concurrent interview with the facility's Executive Director (ED) and a review of the Facility Assessment were done. It was noted that for the ethnic, cultural, and religious factors, including activities, food, and nutrition services necessary to care for the resident population, there were lists of different items, but no data had been collected to reflect the residents' potential needs in these areas. For example, under "Spiritual/Religious Services" there was the following list:</p>	4 089	<p>1. The Facility Assessment was reviewed and updated on 1/14/22 as needed by Administration regarding the information under the Cultural Section for cultural/religious services to reflect current population and services available. The Staff trainings needs / competencies relating to the defined topics based on the facility evaluation had all taken place and are ongoing. However, they were not included in the Facility Assessment supporting documentation. These were reviewed and included with the Facility Assessment by the Staff Development Coordinator / Infection Control Preventionist.</p> <p>2. Facility guests have the potential to be affected by the alleged practice.</p> <p>3. The Administrator and Staff Development Coordinator (SDC) were inserviced on 1/14/22, on the Facility Assessment by the Compliance Officer. Inservices will be ongoing as needed.</p>	1/14/22

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4 089	<p>Continued From page 4</p> <p>Catholic Mainline Protestant Other Christian Jewish Buddhist</p> <p>There was no information to indicate how many residents, if any at all, practiced each faith listed. None of the categories were defined or clarified, such as "Other Christian". There was no indication if the residents actually practiced their faiths, or what their spiritual/religious needs might be as a person actively practicing their faith. The lists of categories lacking collected data reflecting the resident population continued throughout the ethnic, cultural, and religious sections.</p> <p>Under the Staffing, Training, Services and Personnel section it was noted that there were lists of resident needs (functional, mobility, disease-specific, etc.) with three columns titled: Overall Staffing, Staff Competencies, Services. Below each of the three columns, instead of data indicating what the staff resources, education, training, and competencies were, the word "Evaluated" was repeated for every category in the list.</p> <p>When questioned about the lacking data, the ED indicated he thought it was in there. As he turned through the pages of the Facility Assessment to show the surveyor where the data could be found, the ED stated, "oh, it says evaluated."</p>	4 089	<p>Religious services were updated to reflect current population. Services available include laypersons non-denominational religious services / visits available, Catholic services available, Christian Chapel onsite with services (when allowed related to COVID and gatherings), inter-faith Chaplains <input type="checkbox"/> visits, Buddhist priest available, end of life counseling services, community religious leader visits, transport for community worship services available. Guests <input type="checkbox"/> personal religious/spiritual advisor visits are encouraged. Religious reading / study materials are available for all religions onsite and also available for download for individual use.</p> <p>Dietary reviews guests <input type="checkbox"/> dietary preferences/practices. Religious observant and ethnic food choices are available. Both religious and non-religious holidays are observed per guest choice.</p> <p>The Administrator and SDC were inserviced on 1/14/22, on the Facility Assessment by the Compliance Officer. Inservices will be ongoing as needed. Along with mandatory education, staff training subjects were determined related to the Facility assessment. These included but not limited to ADL training, daily care, ambulation, transfer, toileting, mobility <input type="checkbox"/> range of motion. The supporting documentation was added to the overall Facility Assessment.</p> <p>4. The Administrator will monitor compliance with the overall Facility Assessment through review monthly and updates as needed for a minimum of 3 months or until compliance is achieved.</p>	

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4 089	Continued From page 5	4 089	The Activity Coordinator will monitor compliance with religious / cultural preferences through medical record audits weekly and updates as needed for 12 weeks or until compliance is achieved. The SDC will monitor staff trainings with identified needs from the Facility Assessment monthly and update as need for a minimum of 3 months or until compliance is achieved. The SDC will provide copies of staff trainings in identified subjects to the Administrator as they occur. Reviews and audits will be brought to the Quality Assurance and Performance Improvement (QAPI) meeting monthly for review and recommendations for a minimum of 3 months or until compliance is achieved.	
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 interviews and record review, the</p>	4 115	<p>1. Guest # 172 remains in the facility, and</p>	1/15/22

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4 115	<p>Continued From page 6</p> <p>facility failed to maintain the resident's right to be treated with respect and dignity for two residents (R), R172 and R218, in the sample. Staff spoke Tagalog in front of R172 and he felt that it was rude and he felt disrespected. The facility also failed to ensure R218's request to address him by his preferred name was honored. These deficient practices robs the resident's right to a dignified existence and has the potential to affect all residents.</p> <p>Findings include:</p> <p>1) On 12/02/21 at 1:58 PM, an interview was done with R172 in his room. He answered questions appropriately and was found to be alert and oriented four times (person, place, time and situation). He stated that the staff speak Tagalog in front of him and he doesn't like that. He further stated that it is rude and he feels disrespected because he doesn't know if they are talking about him.</p> <p>2) R218 is a 74-year-old male admitted to the facility on 09/23/21 from an acute care hospital. R218's admitting diagnoses include mitral valve (heart) surgery, anemia (low blood count), renal (kidney) failure, hypertension (high blood pressure), and acute respiratory failure secondary to pneumonia. R218 was discharged home against medical advice on 10/17/21. On 12/02/21 at 10:56 AM, the state agency (SA) received a complaint from R218 regarding the care he received while he was a resident.</p> <p>On 12/03/21 at 09:28 AM, a phone interview was conducted with R218. One issue raised by R218 was that staff frequently called him "uncle" without ever checking with him if it was acceptable to do so. R218 stated "I really didn't</p>	4 115	<p>during interview with guest, guest has stated that this has no longer occurred. Guest # 218 was discharged from the facility on 10/17/21. Completed by 1/7/22</p> <p>2. Facility guests have the potential to be affected by the alleged practice. An audit of the current guests to determine if they have had any staff speaking non-English language in their presence. An assessment was completed to ensure that the guest's preferred name is present on the care plan and profiled. To be completed by 1/14/22</p> <p>3. Education provided to staff regarding appropriately speaking English while at the workplace and addressing each guest by their preferred name and where to find that information. The CNA and RN daily/shift team sheet has been updated to include the guest's preferred name, the guest face sheet notes will be updated by HIM and placed under face sheet notes. To be completed by 1/14/22.</p> <p>4. The Social Services Director/designee to the Social Services Director will perform random audits to ensure that the care plan is updated with the guest's preferred name and that staff are speaking English. These audits will be performed weekly x4, then monthly x3, then quarterly until requirements are met. The audit findings will be reported in QAPI meeting.</p>	

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4 115	Continued From page 7  like that, I don't think I look that old, you know, I didn't appreciate that at all."  On 12/03/21 at 11:35 AM, during a review of R218's electronic health record (EHR), it was noted that there was a baseline needs assessment documented and care planned on 09/23/21 by MDS [minimum data set] Support (MDSS)1 which clearly identified that the "resident [R218] prefers to be called...[by his first name]."	4 115		
4 118	11-94.1-27(7) 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:  (7) The right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive;  <input type="checkbox"/>  This Statute is not met as evidenced by: Based on record review (RR), interview with a staff member, and a review of facility policy, the facility failed to ensure that R45 was provided with information to formulate an advance healthcare directive (AHCD). As a result of this deficient practice, R45 has a potential risk for harm by not being able to exercise his right to refuse medical treatment.	4 118	1. Guest #45 guest has been discharged. 2. Facility guests have the potential to be affected by the alleged practice. An audit completed of current guests to determine if an AHCD is present and if not, if there is documentation to reflect that a discussion was conducted about AHCD. Completed 1/10/22	1/15/22



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4 118	<p>Continued From page 8</p> <p>Finding includes:</p> <p>On 12/01/21 at 2:09 PM a RR was done for R45. The review found no documentation of an AHCD on file nor documentation of a discussion regarding one.</p> <p>In an interview on 12/01/21 at 2:30 PM with Social Services Manager (SSM), SSM stated that the facility's social service assistants document in the EHR that newly admitted residents received an admission packet. SSM stated that the admission packet includes information about AHCD. SSM was given R45's name to assist surveyor with finding documentation of an AHCD.</p> <p>In an interview on 12/02/21 at 07:05 AM, SSM stated that there was no documentation of an AHCD for R45 and no documentation of a discussion regarding an AHCD for R45. SSM further stated, "We have to improve on our documentation of our advance directives."</p> <p>On 12/03/21 at 2:00 PM, a review of the facility's "Advance Directives" policy dated 09/01/17, stated, "The Social Services Director and/or community Designee will review Advanced Directives with the resident/guest Representative when appropriate...Required documentation that the information related to the Patient Self-Determination Act has been presented to the family and then kept on file."</p>	4 118	<p>3. Education was provided to social services department workers regarding policy and procedure review along with process review. Change in process that the Social Services Associate (SSA) during the review of Admission Agreement paperwork and review of AHCD will document that this was reviewed, and information provided to the guest/responsible party. If there is no AHCD, the Social Services Worker will review with the guest/responsible party during the initial intake assessment and document accordingly. Completed 1/13/22</p> <p>4. The Social Services Director/designee to the Social Services Director will perform random audits to ensure that AHCD has been reviewed and documented in the guest medical record weekly x4, monthly x3, then quarterly until the requirements are met. The audit findings will be reported in QAPI meeting.</p>	
4 131	<p>11-94.1-29(b) Resident abuse, neglect, and misappropriation</p> <p>(b) All alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown</p>	4 131		1/15/22

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4 131	<p>Continued From page 9</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on interview and RR, the facility failed to exercise reasonable care for the protection of the residents' property from loss for one resident, R218, in the sample. As a result of this deficient practice, the facility failed to preserve R218's right to have a home-like environment.</p> <p>Finding includes:</p> <p>R218 is a 74-year-old male admitted to the facility on 09/23/21 from an acute care hospital. R218's admitting diagnoses include mitral valve (heart) surgery, anemia, renal failure, hypertension, and acute respiratory failure secondary to pneumonia. R218 was discharged home against medical advice on 10/17/21. On 12/02/21 at 10:56 AM, the SA received a complaint from R218 regarding the care he received while he was a resident.</p> <p>On 12/03/21 at 09:28 AM, a phone interview was conducted with R218. One issue raised by R218 was that he lost several clothing items, all labeled with his name, that he sent to laundry through the facility. Some he got back after a couple weeks, some he did not, "I have no idea what happened to them, I kept asking but it never came back, one thing was a pajama top, you know, I got a really nice pair of pajamas from Macy's, that don't come cheap, I only got the pants back."</p> <p>On 12/03/21 at 05:50 PM, during a review of</p>	4 131	<ol style="list-style-type: none"> <li>1. Guest #218 no longer resides in the facility as was discharged on 10/17/21.</li> <li>2. Facility guests have the potential to be affected by the alleged practice. Social services director completed an audit of missing items reports to determine if items were found/completed.</li> <li>3. Education provided to staff on the process of missing items, and appropriate paperwork to complete when items missing. Education provided with licensed nurses to include review of the Inventory sheet and reconciling the form at time of discharge. To be completed 1/14/22</li> <li>4. The Social Services Director/designee to the Social Services Director will perform random audits to ensure that AHCD has been reviewed and documented in the guest medical record weekly x4, monthly x3, then quarterly until the requirements are met. The audit findings will be reported in QAPI meeting.</li> </ol>	

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NAME OF PROVIDER OR SUPPLIER  <b>CLARENCE TC CHING VILLAS AT ST FRANCIS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2230 LILIHA STREET HONOLULU, HI 96817</b>
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4 131	Continued From page 10  R218's Inventory of Personal Possessions sheets, it was noted that not all property accepted for inventory were reconciled and documented as returned to R218 upon his discharge. On 09/25/21, the following items were documented as "Received ...1 (one) pair slipper, 1 (one) pair pajama, 1 (one) cell phone with charger." On the day of his discharge, R218 signed that he received all other items on his inventory list except for the 1 (one) pair slipper[s] and 1 (one) pair pajama added on 09/25/21.	4 131		
4 145	11-94.1-38(a) Activities  (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.  This Statute is not met as evidenced by: Based on observation, interviews and RR, the facility failed to provide the activity preference for 1 (one) out of 10 residents in the sample for activities. R43 was not provided individual activities of choice of music and no facility-sponsored group activities that would meet the guest's interests. This deficient practice has a potential for negative psychosocial outcomes and can potentially affect all residents.  Finding includes:  On 11/30/21 at 10:33 AM a concurrent interview and observation was done with R43. On observation, R43 in his room, sitting in his bed with lights off, no TV or radio. R43 stated, "I am leaving on Thursday. I had back surgery. I've been here for one month. I can't move."	4 145	1. Guest #43 is no longer in the facility and was discharged on 12/2/21. 2. Facility guests have the potential to be affected by the alleged practice. An audit was completed on 1/14/22 of current in-house guests to ensure that their preferences are documented and that they have preferences available to them along with doing the activity of their preference. 3. Education provided to staff responsible for providing activities regarding ensuring that guest preferences are available for the guest and that the guest is participating in what he/she enjoys promoting their psychosocial well-being. A flow chart to track and document guest preferred activities has been developed and initiated to support individualized	1/15/22

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4 145	<p>Continued From page 11</p> <p>Surveyor asked R43 if he is participating in activities and he stated, "There are no activities I like here that were offered. I like music. The only thing I watch on the weekends is sports on TV."</p> <p>On 12/01/21 at 08:30 AM observed R43 sitting in his room, TV off, lights off, awake. No music or radio in room. He stated that he may go home tomorrow.</p> <p>On 12/02/21 at 10:59 AM, an interview with the assistant administrator (AA) and activities coordinator (AC) was done. AA stated, "Covid shut everything down including activities program." AA stated that they have not started group activities yet and is in the process of starting. AC just started approximately one month ago. AC stated that "Guests who prefer to stay in the room, I have a cart full of items at initial interview such as cross books, puzzling, religious material. If they are interested in music, I have radios. I have enough radios to go around. I help them set up the station. I don't have detailed notes on the guests. I have a checklist. My initial visit with R43, he was not in the room. When I did see him, he told me he did not want anything. My job is to keep their brain occupied. I tell them what I have on my cart. I will encourage them to take something and offer something. I don't like to take no for an answer."</p> <p>On 12/03/21 at 08:11 AM RR of R43's care plan was done. R43's care plan showed a preference to plan his/her own daily activities of their choice. Stated under approach, of the care plan is "general activity preferences include listening to music, be around pets, doing things with groups of people, do favorite activities. Review of the activity checklist stated that the most common use of resident's time was music and walking,</p>	4 145	<p>activity plan for guests. Completed 1/14/22.</p> <p>4. Director of Activities/designee to the Activities Director will perform random audits of guest preference to ensure that the guest has activity supplies and participating weekly x4, then monthly x3, then quarterly until requirements are met. Audit findings will be relayed in QAPI.</p>	

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4 145	Continued From page 12  leisure interests was music. Review of the MDS, section F for preferences, rated listening to music as very important.  R43 was admitted to the facility for 26 days. His preference was noted in the RR to be music. R43 also verbalized that he only listened to music. Although, there were "enough radios to go around," R43 was observed in the room, in the dark with no activity of preference during his admission.	4 145		
4 148	11-94.1-39(a) Nursing services  (a) Each facility shall have nursing staff sufficient in number and qualifications to meet the nursing needs of the residents. There shall be at least one registered nurse at work full-time on the day shift, for eight consecutive hours, seven days a week, and at least one licensed nurse at work on the evening and night shifts, unless otherwise determined by the department.  This Statute is not met as evidenced by: Based on observation, interviews, and RR, the facility failed to provide sufficient nursing staff which includes registered nurses and nurse aides to assure resident safety and maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This deficient practice has the potential to affect their safety and outcomes in accordance with the resident's care plans.  Findings include:  1) During an interview on 11/30/21 at 10:50 AM, R38 stated, I broke my hip and my knee.	4 148	1. Guest #38 had been interviewed to determine call light response by staff and verbalized better on 1/10/22. Review of nursing schedule and assignment sheet for 11/30/21 night shift reveals that there was 3 Certified Nurse Aides present. Guest #268 interviewed on 1/10/22 and verbalized call light response is better. Review of staffing levels on 11/30/21 with day shift 2 CNAs and 1RN; evening shift 2 CNAs and orientee and one nurse; and on night shift with 1 CNA and 1 nurse with a total unit census of 13. Guest #41 interviewed on 1/10/22 and stated call light	1/15/22

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4 148	<p>Continued From page 13</p> <p>Everything is ok here, just sometimes staff take 30 minutes to get to my room when I call. It sometimes happens in the middle of the night and then during the middle of the day.</p> <p>The next day, during an interview on 12/01/21 at 07:52 AM, R38 stated, last night I pressed the button three times. I waited 35 minutes. Sometimes, the staff press their phone and don't answer. The floor had only one nursing aide last night. It mostly happens with the midnight shift. They are rushing and I needed my brace to be taken off. It was about 11:45 (PM). My brace can be on all night, but I take it off at about 11:00 (PM).</p> <p>During an interview on 12/01/21 at 2:08 PM with scheduler who explained how the floors are staffed.</p> <p>3rd floor - Day and evening shifts - Two RNs and four CNAs. 3rd floor - Night shift - One RN and three CNAs.</p> <p>4th floor - Days and evening shifts - Three CNAs and two RNs. 4th floor - Night shift - Two or three CNAs and one RN.</p> <p>5TH floor - Days, evening, and night shifts- One RN and two CNAs for day and evening shifts and one CNA on the night shift.</p> <p>The scheduler stated, if someone calls in sick, we first try on-call staff, then part-time, then proceed with full time with people who are off that day. The last resort is mandating. Surveyor queried, "Are you short staffed here?" Scheduler answered, "We are short staffed here at the facility." Queried "How long have you all been short for CNAs?" Scheduler stated, "In June, we</p>	4 148	<p>response better; call light checked to ensure proper function, which was working appropriately. Guest #46 licensed nurse re-educated on 1/11/22 regarding offering alternate means of toileting (i.e., Bed pan) if the staff requires 2 assist to avoid guest having to wait. Guest #61 has been discharged and no longer in the facility.</p> <p>2. Facility guests have the potential to be affected by the alleged practice. An audit is being completed to review time of response to call lights/guest needs on all three shifts and is on-going. To be completed 1/14/22.</p> <p>3. Education provided to facility staff to include timeliness of call light response, anticipating guest needs. Education to licensed nurses on the importance of providing pain medication timely when a guest is experiencing pain and asking for medication. Process of any staff member to respond to the guest call light to ensure that the guest's needs are being met timely. Completed 1/13/22.</p> <p>4. Director of Nursing/designee to Director of Nursing will conduct random audits on call light response time weekly x4, then monthly x3, then quarterly until requirements are met. Audit findings will be relayed in QAPI.</p>	

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4 148	<p>Continued From page 14</p> <p>went short CNAs and it's been hard to hire."</p> <p>During an interview on 12/03/21 at 10:05 AM, the DON stated, we have a bonus for CNAs and nurses. We have a \$1000 dollar recruitment bonus offered for both CNAs and nurses. The bonus applies to any of the departments after \$500 and then after 90 days, they get \$500 more. Human resources go to the colleges. Our staff are recruiting for nurse aids as well. Student nurses come here to do their clinical. We are hoping to recruit nurses this way. It's hard. We compete with the hospitals for nurses. If we are shorthanded, then the managers and me will work the floors. We try to get the nurses. I won't go above census. I look at the acuity - 16:1 ratio. I must get the nurses in the building. We have a recruiter that is helping us get nurses here. My cap for a nurse is 16:1. We take the acute people from the hospitals. We do a good orientation. We are open to new grads. We have 3 (three) CNAs and 2 (two) RNs starting Monday and hope they stay.</p> <p>RR on 12/03/21 at 11:00 AM revealed the shift assignment for the 4th floor on evening shift with one CNA calling out from work, one CNA working until 6 pm, leaving one CNA on the floor.</p> <p>2) On 11/30/21 at 3:50 PM, R268 was observed lying in bed on her back. R268 lifted her left buttock with her left hand. She had facial grimacing. She stated, "I can't talk right now. I'm constipated. I'm waiting for the bed pan."</p> <p>In an interview on 12/01/21 at 09:42 AM, R268 stated, "I waited on the bed pan for forty-five minutes to an hour yesterday waiting for help. It's not good to be on my back on the bed pan for so long since I have back pain".</p>	4 148		

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4 148	<p>Continued From page 15</p> <p>On 12/03/21 at 07:12 AM, a RR was done for R268. R268 was admitted on 11/21/21 for a diagnosis of cardiogenic shock (heart is unable to pump enough oxygen-rich blood to the body organs), hypotension (low blood pressure) due to cardiogenic shock, metabolic acidosis (excess acid in the blood), and postmenopausal bleeding (bleeding or spotting from the vagina after menopause). R268 has a history of atrial fibrillation (irregular heartbeat), osteoarthritis (inflammation of joints) of both knees, and chronic lower back pain. Review of the "Progress Note" dated 11/21/21, indicated at 10:21 PM the nurse documented, "Guest alert and oriented x4 (person, place, time, and situation). Guest extensive 1 (one) person with bed mobility and 2 (two) person transfer using Hoyer. Guest continent of bowel and incontinent of bladder."</p> <p>3) In an interview on 11/30/21 at 10:43 AM, R41 stated, "One time the CNA put me on the commode and said she would come back at 10:30 PM, but I think she went home. I was on the commode for an hour and five minutes. I made a formal complaint and haven't seen the CNA since. A second time I was on the commode for twenty-five minutes calling out for help because my call light was broken."</p> <p>In a RR on 12/02/21 at 10:20 AM, R41 was admitted to the facility on 11/01/21 for a fracture of the upper and lower end of the right fibula (lower leg). R41's diagnoses include morbid (severe) obesity due to excess calories and congestive heart failure. Admission MDS report with Assessment Reference Date ARD of 11/07/21 showed a BIMS score of 14 meaning R41 is cognitively intact. Admission MDS report with ARD of 11/07/21, Section G0110</p>	4 148		



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4 148	<p>Continued From page 16</p> <p>documented that R41 needs one-person physical assist to move in bed and two-person physical assist for transfers.</p> <p>4) R46 is a 70-year-old male admitted on 11/10/21 following a fall at home that resulted in skull and neck fractures. As a result of his injuries, R46 was required to wear an Aspen Collar (a rigid neck collar restricting the wearer from moving his/her head). R46's admitting diagnoses include history of kidney transplant, diabetes, atherosclerotic heart disease, chronic kidney disease, anemia, and history of right-sided weakness and paralysis following a stroke, and he has an indwelling catheter for urine.</p> <p>On 11/30/21 at 09:23 AM, observed R46 ask RN9 for help to the bathroom. RN9 said she would get someone to help him and left the room.</p> <p>On 11/30/21 at 09:41 AM, after observing that no one had gone in to assist R46 to the bathroom yet, an interview was done with RN9 outside of a resident's room as she conducted her medication pass. When asked about how long R46 had been waiting for assistance, RN9 stated she was waiting for the CNA to go back, but she was busy. RN9 explained that R46 is a two-person transfer, so she needed the CNA to go in with her. RN9 stated that she had told CNA7 of R46's request as soon as she left the room.</p> <p>On 11/30/21 at 09:47 AM, an interview was done with R46 in his room on the third floor. R46 had not been assisted to the bathroom yet, had poor eye contact with this surveyor, and spoke in a soft, quiet voice. When asked, R46 stated that sometimes he waits a long time for help. R46 further explained that he likes CNA6, "usually [CNA6] ...covers me up [places an adult</p>	4 148		

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4 148	<p>Continued From page 17</p> <p>disposable brief on him] so I don't make a mess, but she hasn't done it yet, she must be busy, I think I made a mess already." R46 stated he feels embarrassed when the CNA has to clean him because he could not hold his bowel movement.</p> <p>At 09:50 AM, CNA7 was observed entering R46's room to assist him to bathroom. R46 stated to her that he couldn't wait and had "made a mess." From outside the room, CNA7 could be heard asking R46 if he had called for help, to which R46 explained that he did, and had verbalized his request for assistance to RN9. CNA7 then stated, "why didn't she do anything?"</p> <p>5) R61 is a 65-year-old male admitted on 11/05/21 after fracturing his left femur. R61's admitting diagnoses include diabetes, renal failure with hemodialysis, high blood pressure, coronary heart disease, and blindness as a result of diabetic retinopathy (blood vessels of the retina in the eye are damaged due to diabetes).</p> <p>On 11/30/21 at 10:38 AM, an interview was done with R61 in his room. R61 stated as a result of his injury and surgery, he has pain to his left knee, left hip and his back, and he takes acetaminophen and oxycodone for his pain. R61 stated that he already took acetaminophen this morning for pain he rated 7 (seven) on a scale of 1-10 (one to ten), and it has not provided much relief. R61 further stated that he knows he can take more pain medication, but he tries not to because the oxycodone "makes me constipated."</p> <p>On 11/30/21 at 12:41 PM, as a CNA was delivering his lunch tray, R61 could be overheard from outside of his room yelling, "Where's that nurse? I been waiting a long time! My leg is</p>	4 148		

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4 148	<p>Continued From page 18</p> <p>killing me!" As the CNA explained that he would look for her, R61 yelled, "Tell her hurry up her butt!"</p> <p>On 11/30/21 at 12:47 PM, an interview was done with CNA8 as he exited R61's room. CNA8 stated that sometimes residents can wait a long time for their pain meds if the nurse is busy. When asked about staffing, CNA8 stated "there is usually only 2 (two) nurses, so if they are busy or have an admission, the wait can be a little long."</p> <p>On 11/30/21 at 12:49 PM, an interview was done with R61. R61 stated he had been waiting "over half an hour" for pain meds, "I called about 5 (five) times." R61 rated pain to his left knee and hip a 10 (ten) out of 10 (ten), stating, "I'm in a lot of pain."</p> <p>On 11/30/21 at 12:51 PM, an interview was done with R61's nurse, RN10, outside of a resident's room. RN10 explained that she had been busy helping another one of her assigned residents with an enema for the past half an hour and could not leave. RN10 acknowledged that she had been told twice about R61's pain but had not had "a chance to get there yet." It was observed that in relation to R61's room, the room where she was currently located was almost on the opposite end of a very large floor. Of the 32 residents on the floor that day, RN10 stated she had half, "we [her and one other RN] split the floor." RN10 stated that is a normal resident assignment, and that it keeps her busy from the start of her shift until the end. RN10 explained that "sometimes we have three nurses, but this week it has only been two." Although RN10 was carrying a communication device, she stated that she can only receive communications on it, she cannot send any outgoing communications on it, such as</p>	4 148		

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NAME OF PROVIDER OR SUPPLIER  <b>CLARENCE TC CHING VILLAS AT ST FRANCIS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2230 LILIIHA STREET HONOLULU, HI 96817</b>
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4 148	Continued From page 19 calling for help.	4 148		
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 observation, interviews and RR, the facility failed to revise R266's baseline care plan (CP) to include interventions addressing his diagnosis of orthostatic hypotension (low blood pressure with position change) and history of syncopal episodes (passing out). The facility also failed to provide R267 a written summary of his baseline CP. The facility also failed to develop and/or implement a person-centered comprehensive CP for two residents, R54 and R46 in the sample. R54 did not have a falls care plan despite being assessed and identified as a high-risk for falls and R46 lacked a resident-centered CP for pain and bruising to his arms. As a result of these deficient practices, the residents were placed at risk for a decline in their quality of life and were prevented from attaining their highest practicable well-being. These deficient practices also has the potential to affect all the residents at the facility.</p> <p>Findings include:</p> <p>1) In an interview on 11/30/21 at 1:30 PM with R266, R266 stated that he sometimes felt dizzy</p>	4 174	<p>1. Guest #266 care plan updated to include problem of orthostatic blood pressure and interventions to address this problem area completed on 12/1/21. Guest #267 no longer resides in the facility and has been discharged on 12/18/21. Guest # 54's care plan was reviewed and updated to address fall risk and fall that occurred along with individualized to the guest completed on 12/3/21. For guest #46 the care plan reviewed and updated to be individual to guest on 12/3/21; care plan updated to reflect guest's pain and interventions individualized to guest; care plan updated to reflect current skin condition (bruising) with interventions; care plan updated to reflect guest with contracture to right arm and interventions.</p> <p>2. Facility guests have the potential to be affected by the alleged practice. Baseline care plans audited of current guests to ensure that the baseline care plan is completed within 48 hours and addresses instructions needed to provide effective and person-centered care. An audit of</p>	1/15/22

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4 174	<p>Continued From page 20</p> <p>and nauseated after his HD treatments because "They were pulling out too much fluid." R266 stated that he "Blacked out," while using the bathroom on 11/28/21. R266 stated that he had no injuries from the fainting episode on 11/28/21 and that he always uses the call light to ask for assistance to get out of bed to use the bathroom.</p> <p>On 12/01/21 at 1:00 PM, a RR of R266's EHR, indicated that R266 was admitted to the facility on 11/19/21 with diagnoses of acute respiratory failure with hypoxia secondary to fluid overload (inadequate oxygen levels due to too much fluid in the body). R266 diagnoses included chronic kidney disease (kidneys unable to filter blood adequately), congestive heart failure (heart unable to pump blood effectively), and Diabetes Type 2 (the body is unable to properly regulate levels of glucose in the blood). R266 received hemodialysis (HD) services offsite every Monday, Wednesday, and Friday. "Physician Orders" dated 11/23/21, ordered the following treatments for a diagnosis of orthostatic hypotension (a form of low blood pressure that happens when you stand up from sitting or lying down): "Abdominal binder when out of bed three times a day, compression stockings applied to both legs in the morning and then removed at bedtime, and obtaining heart rate and blood pressure once a day while sitting, standing, and lying down." In "Nursing Progress Note" dated 11/28/21 indicated, "While making BM [bowel movement], guest complained of feeling dizzy. Guest strained and lost consciousness for a few seconds. Assigned CNA [certified nursing assistant] was with guest and called for RN [registered nurse]." In "Nursing Progress Note" dated 11/29/21, R267 had a syncopal episode at his HD session and was recommended by the nurse practitioner to be seen at the emergency room (ER). R267 refused</p>	4 174	<p>guests that have had a comprehensive care plan completed has been provided with a summary of the care plan with the goals of stay, resident medication and dietary instructions and any services/treatments to be provided. An audit of current in-house guest's comprehensive care plan will be completed to ensure that the problem area, goals, and interventions are addressed and are individualized/thorough to provide the care to the guest. To be completed 1/14/22.</p> <p>3. Education provided to facility staff responsible for care planning regarding baseline and comprehensive care planning to include the policy and procedure and State regulatory requirements, and person-centered care. Review of the current process and a process change reviewed with the MDS department to include that the MDS RN support will be providing the guest with the review of the plan of care to include a summary of initial goals, medications, dietary instructions and any services and treatments to be administered by the facility and any updated information based on the details of the comprehensive care plan, as necessary. The MDS RN support will document in the guest medical record progress note regarding this along with that the care plan was provided. regarding care plan and the need for individualized plan of care for each guest. Completed 1/13/22.</p> <p>4. Director of Nursing/designee to Director of Nursing will perform random audits of the baseline care plan and the comprehensive care plan to ensure that</p>	

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4 174	<p>Continued From page 21</p> <p>to be seen at the ER. Nurse practitioner prescribed new orders for syncope to include, "obtain orthostatic blood pressure and heartrate for 3 (three) days." A RR of R266's Care Plan indicated no care plan or interventions for R41's orthostatic hypotension.</p> <p>In an interview on 12/01/21 at 3:40 PM, concurrently reviewed R266's care plan with Nurse Manager (NM)4. NM4 confirmed that there was no care plan for R266's diagnosis of orthostatic hypotension. NM4 stated that "It (orthostatic blood pressure) would be something we would want to add into the care plan and monitor R266 for."</p> <p>2) In an interview on 11/30/21 at 2:04 PM, surveyor asked R267 if he was given a summary of his baseline care plan. R267 stated, "No paper was given to me."</p> <p>A RR of R267's EHR was done on 12/02/21 at 2:25 PM. In a "Progress Social Work" note dated 11/24/21, R247 had a Brief Interview for Mental Status (BIMS) score of 15, meaning R247 is cognitively intact. There was no documentation in R247's record about a written care plan being offered to R247 by staff.</p> <p>In an interview on 12/02/21 at 3:00 PM with NM5, NM5 concurrently reviewed R267's EHR. NM5 confirmed that there was no documentation indicating that R267 had been offered or received a written summary of his baseline care plan.</p> <p>3) R54 is a 91-year-old male admitted to the facility on 10/22/21 with a primary diagnosis of acute respiratory failure. R54's admitting diagnoses also include acute kidney failure, anemia, end stage renal disease (requiring</p>	4 174	<p>the care plan and baseline care plan addresses the guest's problem/potential problem areas, that guest receives a summary of the plan of care, and that the comprehensive care plan addresses all areas and is individualized and thorough. These audits will be performed weekly x4, then monthly x3, then quarterly until requirements are met. The audit findings will be reported in QAPI meeting.</p>	

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4 174	<p>Continued From page 22</p> <p>hemodialysis), chronic obstructive pulmonary disease, diabetes, and history of stroke.</p> <p>On 12/03/21 at 1:32 PM, during a record review of R54's EHR, it was noted that R54 had suffered a fall on 12/01/21. Review of nursing progress note by RN8, documented on 12/02/21 at 12:35 AM, revealed the following: "Guest [R54] had an assisted fall at 2145 [09:45 PM] while being transferred from wheelchair to bed. Per CNA [certified nurse aide], she was guiding Guest to transfer him to bed, when he was unable to move further to bed to sit down he used his hand to reach the bed, bed was not locked in place causing bed to move. Per CNA, Guest was then slowly assisted to floor...Guest confirmed...bed was moving."</p> <p>Review of R54's Johns Hopkins Falls Risk Assessment revealed the following: "Total Fall Risk Score: 15 Points High Fall Risk".</p> <p>Review of R54's comprehensive CP noted that prior to the fall on 12/01/21, R54 had no falls care plan, what had been documented were two Baseline Needs Care Plans for Safety, initiated on 10/22/21 and 11/03/21. The 10/22/21 safety care plan listed two interventions: "History of fall-related injury:" and "History of Falls:", with no other information or resident-specific interventions documented. The 11/03/21 safety care plan documented a sole intervention of "History of falls:", with no other information added.</p> <p>On 12/03/21 at 2:10 PM, during an interview with NM6 in her office, R54's falls risk assessment was reviewed. NM6 stated that when a resident is identified as a high falls risk, as R54 had been, their CP should be revised to include a care plan for falls to specifically address the identified</p>	4 174		

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4 174	<p>Continued From page 23</p> <p>problem. During a review of R54's CP, NM6 confirmed that a falls care plan had not been added until after his fall.</p> <p>4) R46 is a 70-year-old male admitted on 11/10/21 following a fall at home that resulted in skull and neck fractures. As a result of his injuries, R46 was required to wear an Aspen Collar (a rigid neck collar restricting the wearer from moving his/her head). R46's admitting diagnoses include history of kidney transplant, diabetes, atherosclerotic (thickening and hardening of the arteries) heart disease, chronic kidney disease, anemia, and history of right-sided weakness and paralysis following a stroke. R46 had been ordered acetaminophen (over the counter pain medication), and oxycodone (narcotic pain medication) as needed for his pain.</p> <p>During an observation and concurrent interview with R46 in his room on 11/30/21 at 12:20 PM, R46 was observed with heavy bruising of both arms, a large dark purple bruise surrounded his right elbow, in addition to smaller purple bruises on both forearms. When asked about the bruises, R46 denied taking any blood thinners and stated, "I'm old." R46 was observed wearing an Aspen Collar that prevented him from turning his head. When asked about the collar, R46 stated he was told that he would have to wear the Aspen Collar "all the time for at least 6 months." R46 stated that the Aspen Collar was so uncomfortable that he had difficulty sleeping because he just could not find a comfortable position while wearing the rigid collar. R46 also reported that he was almost always in pain, experiencing sharp pains in his neck and constant headaches, with the pain increasing whenever he had to move, such as when turning from side to side in bed, or getting out of bed for</p>	4 174		



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4 174	<p>Continued From page 24</p> <p>physical therapy.</p> <p>On 12/03/21 at 12:46 PM, during a record review of R46's CP it was revealed that his care plan for pain, initiated on 11/11/21, consisted of the following two interventions: "Administer medications as ordered. Evaluate/record/report effectiveness and any adverse side effects" and "Monitor and record any complaints of pain: location, frequency, intensity, affect [sic] on function, alleviating factors, aggravating factors." It was noted that the pain care plan lacked any non-pharmacological approaches for pain management and did not include an assessment of R46's pain management goals. Regarding the bruising to his arms, there was neither a care plan nor physician orders to address it.</p> <p>On 12/03/21 at 1:54 PM, during an interview with NM6 in her office, NM6 agreed that R46's pain care plan was minimal and not specific to his needs. Regarding R46's bruising to his arms, multiple skin assessments were reviewed with NM6. It was noted that on 11/20/21, a skin assessment documented bruising to his left chest, and under the Aspen Collar. It also documented "right FA [forearm] continuously purple with blood-filled blister." On 11/28/21, a skin assessment documented bruises on R46's right elbow, right shoulder, and scattered bruises to his extremities. NM6 confirmed that the bruising should have been care planned, and R46 should have been offered protective arm sleeves to help preserve the integrity of his skin.</p>	4 174		
4 194	<p>11-94.1-46(k) Pharmaceutical services</p> <p>(k) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture,</p>	4 194		1/15/22

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4 194	<p>Continued From page 25</p> <p>ventilation, segregation, and security.</p> <p>This Statute is not met as evidenced by: Based on an observation and interview of a staff member, the facility failed to provide for the security of one resident's, R44's, medications. This deficient practice is a failure of the facility to practice the basic nursing standard of always keeping resident's medication(s) secure and has the potential to affect all residents in the facility.</p> <p>Finding includes:</p> <p>On 12/02/21 at 08:26 AM, a medication administration observation was made with RN11 to R44. RN11 situated her medication cart at the doorway of R44's room. R44's room was at the end of the hallway next to closed double doors. RN11 popped the medications out of the blister packs into a medication cup from the individual medication cards for R44. One staff member passed through the double doors during this time. After she prepared R44's medications, she left the individual medication cards on top of the medication cart and did not lock her cart. RN11 stated, "I need to check her heart rate." She entered R44's room and proceeded to administer the medications to R44. Another staff member passed through the closed double doors and passed by the unlocked medication cart with the medication blister packs on top of it.</p> <p>A follow up query was made with RN11 after she administered medications to R44 about her unlocked medication cart and medications left on top. RN11 stated that she needed to check R44's heart rate before she could give one of the medications, that's why she did not put the blister packs of medications away. She did state that</p>	4 194	<ol style="list-style-type: none"> <li>1. Medications for guest #44 was stored back into the medication cart. The licensed nurse involved in this incident was re-educated on proper medication storage protocols. Completed 1/10/22.</li> <li>2. Facility guests have the potential to be affected by the alleged practice. An audit being performed on medication pass of licensed nurses to ensure no medications were left on cart and that the medication cart locked when out of sight of the licensed nurse. To be completed 1/14/22.</li> <li>3. Education provided to licensed nurses regarding proper medication storage policy along with CMS regulations on proper medication storage, when needing to go away from the medication cart that any medication is securely placed and locked into the medication cart. Completed 1/13/22.</li> <li>4. Director of Nursing/designee to Director of Nursing will perform random audits on medication pass to ensure that medication cart is locked/no medication is not left on cart out of view of nurse weekly x4, then monthly x3, then quarterly until requirements are met. Audit findings will be relayed in QAPI.</li> </ol>	

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4 194	Continued From page 26  she should have put the medications away and lock the medication cart before leaving it.	4 194		
4 205	11-94.1-53(b)(2) Infection control  (b) The facility shall have provisions for isolating residents with infectious diseases until appropriate transfers can be made.  (2) At least one single bedroom shall be designated as an isolation room as needed and shall have:  (A) An adjoining toilet room with nurses' call system, a lavatory, and a toilet;  (B) Appropriate hand-washing facilities available to all staff; and  (C) Appropriate methods for cleaning and disposing of contaminated materials and equipment;  This Statute is not met as evidenced by: Based on observations, interviews, and RR, the facility failed to maintain an effective infection prevention and control program designed to provide the appropriate decontamination of equipment by staff. This deficient practice has the potential to transmit infections and communicable diseases to residents, staff, volunteers, and visitors.  Finding includes:  Observation on 12/01/21 at 06:34 AM revealed a blood pressure (BP) taken of a resident in the	4 205	1. Guest #172 IV tubing reviewed and labeled with date; re-education provided to licensed nurse involved in this incident. Completed 12/1/21 2. Facility guests that receive IV therapy and use of multi-use equipment have the potential to be affected by the alleged practice. An audit completed 1/13/22 for any guest receiving IV (intermittent and continuous) to ensure that there was appropriate labeling of date/time hung and that tubing changed per policy; audit performed on staff regarding proper	1/15/22

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4 205	<p>Continued From page 27</p> <p>hallway. The BP equipment was then taken into a resident's room. No decontamination was done by the staff of the BP cuff before entering the resident's room. On the same day at 06:41 AM, same floor, observed CNA1 washing hands on exit of a resident's room. Cavi-wipe (disinfecting wipe) container was noted in the cart of the BP machine. No decontamination of the BP equipment was noted at 06:43 AM Staff went into another resident room with the same equipment. No decontamination with Cavi-wipe by staff was observed of BP equipment upon exit of room.</p> <p>Observation on 12/01/21 at 06:45 AM on another nursing unit revealed CNA2 going into a resident's room. CNA2 did hand hygiene. Cavi-wipe container was in the basket with no decontamination done on BP cuff or equipment upon entry. At 06:48 AM, student nurse (SN) brought the BP machine out and did not decontaminate the equipment. At 12/01/21 at 06:51 AM, the SN reminded CNA2 to decontaminate the equipment. CNA2 then decontaminated the BP machine.</p> <p>An interview was done with CNA2 on 12/01/21 at 07:00 AM, who stated "It is our protocol to wipe down the machines before and after use." CNA2 was able to state the kill time of the Cavi-wipe.</p> <p>During an interview on 12/01/21 at 07:15 AM, the surveyor asked what the Cavi-wipes in the basket of the BP equipment were used for. CNA1 stated "Oh yea, we are supposed to wipe (the BP equipment) after you're all done in the rooms."</p> <p>During an interview on 12/03/2021 at 11:08 AM, the Education Specialist (ES) stated that staff should be decontaminating the equipment with</p>	4 205	<p>disinfecting practices with multi-use equipment.</p> <p>3. Education provided to Licensed nursing staff regarding policy regarding IV tubing protocol with labeling tubing and when tubing would be changed; education provided to staff that use multi-use equipment and proper disinfecting in between each guest. All staff received education on the CDC Sparkling Surfaces and Clean Hands videos along with completion of the CDC training module 6A Principles of Standard Precautions and 11B Environmental Cleaning and Disinfection. Completed 1/13/22.</p> <p>4. Infection Prevention RN/designee to the Infection Prevention RN will perform random audits on the infection control weekly x4, then monthly x3, then quarterly until requirements are met. Audit findings will be relayed in QAPI.</p>	

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4 205	Continued From page 28  Cavi-Wipes before and after going into the guest's (resident's) rooms.	4 205		