

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HI02LTC050H	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/18/2022
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NAME OF PROVIDER OR SUPPLIER NAVIAN HAWAII	STREET ADDRESS, CITY, STATE, ZIP CODE 566 PAPALANI STREET KAILUA, HI 96734
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4 000	<p>Initial Comments</p> <p>A licensure survey was conducted by the Office of Health Care Assurance from 03/17/22 to 03/18/22. The facility is licensed for five beds. At entrance, the facility had one resident and received two new admissions.</p> <p>The facility was found not to be compliant with the regulatory requirements at Title 11, Chapter 94.1, Nursing Facilities.</p>	4 000		
4 100	<p>11-94.1-22(b) Medical record system</p> <p>(b) If the employee who supervises medical records is not a registered health information administrator or registered health information technician, there shall be regularly scheduled visits by a qualified consultant who shall provide reports to the administrator.</p> <p>This Statute is not met as evidenced by: Based on interview with staff member, the facility did not assure acquisition of registered health information administrator or registered health information technician to oversee accurate processing, auditing and analysis, indexing, filing, and prompt retrieval of records, record data, and resident health information.</p> <p>Findings include:</p> <p>In a review of staff members' credentials on 03/17/22 at 01:02 PM, the facility did not identify a medical records staff member. Further queried whether the facility has employed or contracted a registered health information administrator or technician. On 03/18/22, the Director of Clinical Operations confirmed the facility has not employed or contracted a registered health</p>	4 100	<p>4 100 Plan of Correction - Waiver Requested</p> <p>Monitoring and oversight of medical records is provided by the Quality Assurance Performance Improvement (QAPI) program. The QAPI program consists of a cross representation of interdisciplinary team members (including, but not limited to: physicians, nurses, social workers, leadership, etc.) as well as external community partners who review data on a quarterly basis.</p> <p>Medical records are audited for completion on a routine (weekly) basis by a Registered Nurse.</p> <p>The interdisciplinary approach provides a comprehensive approach to the monitoring of the medical record system.</p>	Waiver Requested

RECEIVED
 22 APR -1 P 3:23
 STATE OF HAWAII
 DOH/HOHA
 MEDICARE CERTIFICATION

Office of Health Care Assurance LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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4 100	Continued From page 1 information administrator or technician.	4 100		
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 interview with staff members, the facility failed to provide at least one registered nurse on a full-time basis on the day shift for eight consecutive hours, seven days a week. Findings include: On 03/17/22 at 08:00 AM an entrance interview was conducted with the Nurse Home Manager (NHM). NHM confirmed the facility does not schedule a registered nurse (RN) seven days a week for eight consecutive hours on the day shift. NHM reported the facility has licensed practical nurses (LPNs) scheduled 24 hours, seven days a week. RNs are on call and available when needed (i.e. weekends).	4 148	4 148 Plan of Correction - Waiver Requested Licensed nurses (LPN) staff the facility 24 hours per day, 7 days a week. There is a dedicated RN Facility/Patient Care Manager assigned to oversee the clinical staff of the Kailua Home and admitted patients. The RN Facility Manager is available on-site at the facility Monday through Friday from 8 a.m. to 4:30 p.m. Additionally, there is an After Hours team of RNs, RN Supervisor, Hospice Physician or Advanced Practice Registered Nurse employed by Navian Hawaii who are all accessible 24 hours per day, 7 days per week. After Hours staff members are available via in-person visits, phone or email from 4 p.m. to 8 a.m., Monday through Friday, and from 4 p.m. Friday to 8 a.m. Monday morning. All After Hours staff are available to visit the facility assist the LPN and/or address the needs of the patients if the need arises.	Waiver Requested
4 159	11-94.1-41(a) Storage and handling of food (a) All food shall be procured, stored, prepared, distributed, and served under sanitary conditions. (1) Dry or staple food items shall be stored above the floor in a ventilated room not subject	4 159	4 159 Plan of Correction We have implemented a process to track food expiration. Training with staff was conducted on 3/29/22 and 3/30/22.	3/29/22

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4 159	<p>Continued From page 2</p> <p>to seepage or wastewater backflow, or contamination by condensation, leakages, rodents, or vermin; and</p> <p>(2) Perishable foods shall be stored at the proper temperatures to conserve nutritive value and prevent spoilage.</p> <p>This Statute is not met as evidenced by: Based on observation and staff interview, the facility failed to dispose of expired food and failed to label the date of expiration on a food item. As a result of this deficient practice, one resident of the facility was put at risk for possible foodborne illness.</p> <p>Findings include:</p> <p>On 03/17/22 at 08:30 AM, surveyor observed the facility's fridge used to store residents' food. A bottle filled with yellow mustard was labeled, "Open 11/23/21, RCVD (received) 10/30/21, EXP (expired) 03/15/22." A bottle of Thousand Island dressing was labeled, "RCVD 01/27/22." Eleven unopened bottles of Ensure Original Nutrition Shake 8 oz. was labeled, "1JAN2022."</p> <p>On 3/17/22 at 09:37 AM, Licensed Practical Nurse (LPN) was interviewed in the facility kitchen. LPN observed the yellow mustard bottle and the eleven bottles of Ensure and confirmed that those items were expired and should be thrown out. LPN also confirmed that the bottle of Thousand Island dressing was not labeled with an expiration date and was also expired. LPN proceeded to remove and dispose the yellow mustard bottle and Thousand Island dressing bottle. LPN stated that she would also dispose of the expired Ensure bottles.</p>	4 159	<p>4 159 Plan of Correction (continued)</p> <p>We will label all food with the open date and expiration date and enter in a log. The log will be reviewed daily by our cook.</p> <p>Food expiration monitoring process and log available upon request.</p>	
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4 207	<p>11-94.1-53(b)(4) Infection control</p> <p>(b) The facility shall have provisions for isolating residents with infectious diseases until appropriate transfers can be made.</p> <p>(4) The facility shall have documented evidence that every employee has both an initial employment evaluation and an annual health evaluation. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident;</p> <p>This Statute is not met as evidenced by: Based on record review and interview with staff member, the facility did not have documented evidence for 1 (one) of 7 randomly selected employee of an annual health evaluation to determine the presence of any infectious disease which would result in harm to a resident.</p> <p>Findings include:</p> <p>Requested documentation for the seven randomly selected employees of their annual health evaluations. One of seven employees did not have documentation of an annual health evaluation. On 03/17/22 at 02:20 PM, the Director of Clinical Operations (DCO) agreed to follow-up on an annual evaluation for Staff Member (SM)1. On 03/17/22 at 02:45 PM, DCO confirmed SM1 did not have an annual evaluation.</p>	4 207	<p>4 207 Plan of Correction</p> <p>Human Resources has implemented a process to track annual health evaluations for all employees who work at the Kailua Home.</p> <p>On 3/21/22 we instructed the After Hours staff who have not completed evaluations to do so by the April 29, 2022.</p> <p>SM1 completed annual health evaluation on 11/15/21 (see attached certification document).</p>	4/1/22
4 243	<p>11-94.1-64(a) Engineering and maintenance</p> <p>(a) The facility shall maintain all essential mechanical, electrical, and resident care</p>	4 243	<p>4 243 Plan of Correction</p> <p>We have established a maintenance schedule to follow the manufacturer's guidelines.</p>	3/29/22

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4 243	<p>Continued From page 4</p> <p>equipment in safe operating condition.</p> <p>This Statute is not met as evidenced by: Based on interview with staff member, review of the manufacturer's direction for use, and the facility's emergency plan, the facility did not ensure the generator was maintained in safe operating condition as evidenced by no documentation of maintenance and inspection of generator to assure proper operational performance.</p> <p>Findings include:</p> <p>Observation of the generator was done with the Nurse House Manager (NHM) on 03/17/22. The generator is in the back yard and partially covered by a wooden box. The front panel has an opening, approximately a third of the front panel. NHM reported the Facility Manager (FM) maintains the generator. Requested documentation of the FM's maintenance of the generator and a copy of the manufacturer's direction for use (MDFU).</p> <p>A review of the facility's "Emergency Management Plan" found in Concepts of Operations, Utility Failure, "a generator will be utilized to keep patients comfortable; and the generator is tested monthly and fuel is changed every six months". Review of the MDFU notes periodic maintenance chart for every 3 months, six months and twelve months for routine checks (for example at six months to replace the engine oil) which addresses all operational parts of the generator.</p> <p>On 03/17/22 at 12:42 PM, the NHM reported oxygen concentrators and suctioning machines rely on electricity to operate. However, the facility has oxygen tanks that can be used in place of the</p>	4 243	<p>4 243 Plan of Correction (continued)</p> <p>The log will be reviewed quarterly by the Facility Manager to ensure maintenance frequency is followed.</p> <p>We have scheduled Island Lawn and Equipment to perform maintenance on our generator in April.</p>	

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4 243	Continued From page 5 oxygen concentrators. On 03/17/22 at 02:45 PM, the Director of Clinical Operations confirmed the facility does not have documentation of maintenance record for the generator.	4 243		
4 292	11-94.1-65(k)(1)(2) Construction requirements (k) The facility corridors shall: (1) Have a minimum clear width of forty-four inches, except that corridors serving one or more non-ambulatory or semi-ambulatory residents shall be not less than eight feet in width; and (2) Stationary handrails shall be installed along both sides of corridors This Statute is not met as evidenced by: Based on interview with staff member, the facility failed to ensure corridors have a minimum clear width of forty-four inches serving one or more non-ambulatory or semi-ambulatory residents. Findings include: On 03/17/22 at 08:00 AM an entrance interview was conducted with the Nurse Home Manager (NHM). NHM confirmed the facility has not made any changes to widen the corridor.	4 292	4 292 Plan of Correction - Waiver Requested The atmosphere in the Kailua Home is purposefully homelike. Due to the configuration of the rooms, the hallways are indistinct. The space between the rooms is adequate to maneuver a gurney for the purpose of admissions and discharges. Ambulatory patients will be assisted with mobility by the facility clinical staff.	Waiver Requested