

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/22/2022
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NAME OF PROVIDER OR SUPPLIER GARDEN ISLE HEALTHCARE AND REHABILITATION (STREET ADDRESS, CITY, STATE, ZIP CODE 3-3420 KUHIO HIGHWAY, SUITE 300 LIHUE, HI 96766
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4 000	Initial Comments A licensure survey was conducted by the Office of Health Care Assurance on March 22, 2022 in conjunction with the recertification survey conducted on February 17, 2022 by the Healthcare Management Solutions, LLC on behalf of OHCA. The facility was found not to meet the regulatory requirements for Hawaii Administrative Rules, Title 11, Chapter 94.1, Nursing Facilities.	4 000		
4 095	11-94.1-20(a) In-service education (a) There shall be a staff in-service education program that includes the following: (1) Orientation for all new employees that shall include: (A) Information to acquaint them with the philosophy, organization, program, policies and procedures, practices, and goals of the facility; and (B) Competency evaluation to ensure that staff are able to carry out their respective duties; (2) In-service training for employees who have not achieved the desired level of competence, and continuing in-service education to update and improve the skills and competencies of all employees; (3) In-service training that shall include annually, at minimum, prevention and control of infections, fire prevention and safety, disaster preparedness for all hazards, accident prevention, resident rights including	4 095		5/4/22

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

TITLE

(X6) DATE

Electronically Signed

04/07/22

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4 095	<p>Continued From page 1</p> <p>prevention of resident abuse, neglect and financial exploitation, and problems and needs of the aged, ill, and disabled;</p> <p>(4) Competency testing for cardiopulmonary resuscitation to annually certify the nursing staff;</p> <p>(5) Training in oral hygiene and denture care, which shall be given to the nursing staff at least annually; and</p> <p>(6) Appropriate personal hygiene instructions at regular intervals shall be given to all personnel providing direct care and handling food.</p> <p>This Statute is not met as evidenced by: Based on record review and interview with staff member, the facility did not assure required annual in-services were completed by employees. The facility also did not assure one of eight nursing staff has a current cardiopulmonary resuscitation (CPR) certification.</p> <p>Findings include:</p> <p>On 03/22/22 at 12:39 AM review of randomly selected employees' in-service documentation was reviewed and confirmed with the Administrator. The review found six of nine employees did not complete the in-service for accident prevention and two of five employees required to complete dental in-service was not done. The two "casual hires" did not have documentation of completion of the required annual in-services, with the exception of one</p>	4 095	<p>This Plan of Correction constitutes our 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>I. Involved staff completed required accident prevention, dental, and annual in-services. CPR certification was obtained for involved staff.</p> <p>II. No residents were negatively affected by this practice.</p> <p>III. An audit was conducted for all staff to ensure annual in-services and new hire</p>	

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4 095	Continued From page 2 casual hire who completed accident prevention in-service on 01/14/21 (overdue). Further review found a nursing staff did not have a current CPR certification. The Administrator reported this nursing staff presently does not have contact with residents and will be completing the training at the end of the week.	4 095	training was completed. IV. Staff educator/infection preventionist or designee will ensure compliance through audits conducted weekly for a minimum of 12 weeks or until substantial compliance is achieved. The results of these audits will be brought to the quality assurance performance improvement meeting for review and recommendation for a minimum of 3 months or until substantial compliance is achieved.	
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 to seepage or wastewater backflow, or contamination by condensation, leakages, rodents, or vermin; and (2) Perishable foods shall be stored at the proper temperatures to conserve nutritive value and prevent spoilage. This Statute is not met as evidenced by: Based on observation, interview with staff members, and review of policy and procedures, the facility did not assure snacks were distributed and served under sanitary conditions. Findings include: On 03/22/22 at 10:10 AM observed residents seated in the activities room, Certified Nurse Aide	4 159	I. Upon notification, involved staff were immediately in-serviced on proper hand sanitizing and proper hand placement when delivering meals/snacks. II. No residents were negatively affected by this practice. III. All staff were in-serviced on effective	5/4/22

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4 159	<p>Continued From page 3</p> <p>(CNA)1 was distributing the snacks (manapua, juice, supplements, and sandwiches). CNA1 poured juice into a cup, removed the paper cover of the straw, grabbed a paper boot (disposable food tray), used the tongs, and placed the snack in the paper boat. CNA1 then rubbed the resident's arm and proceeded to wheel the cart to the unit. CNA1 returned to the dining room and served another resident. No hand sanitizing was observed.</p> <p>CNA1 went to Room 255, grabbed the paper boat with her hands and placed a sandwich in the paper boat. The resident's snack was placed on the over bed tray. CNA1 exited the resident's room, no hand sanitizing was observed. CNA1 proceeded to Room 259 and prepared the resident's snack. CNA1 opened the resident's supplement and placed a straw in the carton. The CNA entered the room, raised the top of the resident's bed, held the drink while the resident drank the supplement. CNA threw away the carton and washed her hands before exiting the room. CNA1 went to Room 261 and assisted the resident with a chocolate drink. When the resident was done, CNA washed her hands at the sink (less than 20 seconds).</p> <p>At 10:18 AM CNA1 was interviewed. CNA1 acknowledged there is hand sanitizer in every room and while providing snacks, they hand sanitize and not wear gloves. Further queries what is the process for washing hands, CNA1 responded, turn on the faucet, wet hands and rub soap for 35 to 40 seconds then dry hands.</p> <p>On 03/22/22 at 10:23 AM observed CNA2 serving snacks on another unit. CNA2 went to Room 350, announced herself and asked the resident if he wanted coffee. CNA2 exited the room and</p>	4 159	<p>hand sanitizing techniques and timing. All staff were in-serviced on proper hand placement when delivering meals/snacks.</p> <p>IV. Staff educator/infection preventionist or designee will ensure compliance through audits conducted weekly for a minimum of 12 weeks or until substantial compliance is achieved. The results of these audits will be brought to the quality assurance performance improvement meeting for review and recommendation for a minimum of 3 months or until substantial compliance is achieved.</p>	

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4 159	<p>Continued From page 4</p> <p>returned with a sani cloth for the resident to clean his hands before the snack. CNA2 provided hand over hand assistance for the resident. CNA2 exited the room, no hand sanitizing before exiting the room and grabbed the paper boat with her hands, placed a sandwich on the paper boat with tongs, and placed the coffee and snack on the resident's over bed tray. CNA2 then hand sanitized upon completion of task and exiting the room.</p> <p>CNA2 went to Room 351 and offered the resident a snack. The resident was provided with a sanitizing cloth and verbally prompted to clean his/her hands. CNA2 threw the sanitizing cloth in the trash and donned gloves. No hand sanitizing prior to donning gloves. CNA2 repositioned the resident, removed gloves, and was not observed to hand sanitize after removal of gloves. CNA2 went to Room 352 and offered the resident snack. CNA2 donned gloves without hand sanitizing.</p> <p>On 03/22/22 at 11:42 AM the observations of CNA1 and CNA2 were shared with the Infection Preventionist (IP). The IP reported the staff members are required to hand sanitize between rooms. IP noted this was an issue as the placement of the hand sanitizer in the room is in an "inconvenient spot", however, the facility has hand sanitizer dispensers outside of the rooms in the hall. IP also confirmed hand sanitizing is to be performed before putting on and taking off gloves.</p>	4 159		
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		5/4/22

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4 194	<p>Continued From page 5</p> <p>ventilation, segregation, and security.</p> <p>This Statute is not met as evidenced by: Based on observation and interview with staff members, the facility failed to ensure treatment cart was secure.</p> <p>Finding includes:</p> <p>On 03/22/22 at 10:38 AM observed a treatment cart parked between rooms 365 and 366 that was not locked, the lock was popped out. The drawers were opened and observed to contain a pair of scissors, creams, bandages, and hydrogen peroxide. Certified Nurse Aide (CNA)1 walked by and did not observe that the cart was not locked. At 10:42 AM observed the Resident Care Manager (RCM)3 walk by the cart and locked it. Inquired whether the treatment cart is to be locked, RCM confirmed treatment cart should be locked.</p> <p>On 03/22/22 at 11:42 AM made concurrent observation with Registered Nurse (RN)1 of the treatment cart. The treatment cart drawers contained the following items, pliers, scissors, alcohol swab, drawer of prescribed creams (vaginal cream, ketoconazole, medi-honey, calmoseptine and hydrocortisone), gauze, hydrogen peroxide, and iodine swabs. Inquired why the treatment cart is locked, RN1 replied it is for the safety of residents as some of the residents can wheel themselves around the unit.</p>	4 194	<p>I. Upon notification staff involved was immediately in-serviced on proper medication storage and locking of medication/treatment cart.</p> <p>II. No residents were negatively affected by this practice.</p> <p>III. Licensed staff were in-serviced on proper storage and security of medication/treatment carts.</p> <p>IV. Staff educator/infection preventionist or designee will ensure compliance through audits conducted weekly for a minimum of 12 weeks or until substantial compliance is achieved. The results of these audits will be brought to the quality assurance performance improvement meeting for review and recommendation for a minimum of 3 months or until substantial compliance is achieved.</p>	