

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HI03ADHC007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/16/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>KAUAI ADULT DAY HEALTH CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2943 KRESS STREET LIHUE, HI 96766</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
6 000	<p>INITIAL COMMENTS</p> <p>A relicensure survey was conducted by the Office of Health Care Assurance on 05/16/22. The facility was found not to meet the requirements of the Hawaii Administrative Rules, Title 11, Chapter 96, Freestanding Adult Day Health Center.</p> <p>The facility's census was 20. five clients were included in the sample.</p>	6 000		
6 057	<p>11-96-10(g) DIETETIC SERVICES</p> <p>All food shall be procured, stored, prepared, distributed, and served under sanitary conditions.</p> <p>This Statute is not met as evidenced by: Based on observations, interview with staff member, and review of the facility's policy and procedures, the facility failed to safely store food items. This deficient practice has the potential to result in serving expired food items to the clients.</p> <p>Findings include:</p> <p>On 05/16/22 at 08:35 AM observation of the facility's refrigerator found a plastic bag containing yellow food item that was labeled 04/29/22. Staff member (SM)1 stated this was grated parmesan cheese that was served with spaghetti and should have been thrown out. There were three containers of macaroni salad and a container of ube roll (dessert). SM1 reported these were not the facility's food items. The refrigerator is shared with other programs. Also observed bottles of condiments placed on a tray that were opened. Condiments included, ketchup, mustard, two bottles of tartar sauce, sweet relish, and mayonnaise. There was also an opened bottle of peanut butter. The condiments and peanut butter were not labeled</p>	6 057		

Office of Health Care Assurance  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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6 057	<p>Continued From page 1</p> <p>with a date it was first used/served. SM1 stated condiments are kept for three months. Further queried without a label of when the items were first used, how does staff know when to throw it out. SM1 acknowledged items needed to be labeled. SM1 reported staff members clean the refrigerator at the end of each day. The thermometer in the refrigerator could not be located. SM1 was agreeable to look for the thermometer. The facility provided a log of daily refrigerator temperatures.</p> <p>A second observation was made with SM1 at 08:40 AM. SM1 was able to locate the thermometer, refrigerator temperature was approximately 22 degrees. Observed SM1 had removed the tray of condiments from the refrigerator and placed them on the table. A review of the manufacturer's expiration date was done with SM1. The two bottles of tartar sauce had an expiration date of 01/31/21. SM1 disposed of the tartar sauce. The rest of the condiments had not surpassed the manufacturer's expiration date and placed back in the refrigerator.</p> <p>A review of the policy and procedure notes, "All opened food items will be covered to protect from odors and drippings. All food will be labeled to identify each item and marked date placed in the refrigerator."</p>	6 057		
6 126	<p>11-96-21(a) INFECTION CONTROL</p> <p>There shall be appropriate policies and procedures written and implemented for the prevention and control of infectious diseases and management and disposal of infectious waste.</p>	6 126		

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6 126	<p>Continued From page 2</p> <p>This Statute is not met as evidenced by: Based on observation and interview with staff member, the facility failed to implement proper hand sanitizing/glove usage for infection control.</p> <p>Findings include:</p> <p>On 05/16/22 at 11:22 AM observed Staff Member (SM)1 go outside to encourage Client (C)1 to come in and eat his lunch. C1 was sitting on a chair outside. SM1 was wearing gloves and observed SM1 place C1's shoe back on his left foot. SM1 assisted C1 to stand and ambulate with his forward wheel walker (FWW) to the table in the facility. SM1 picked up C1's FWW to move it out of the way. SM1 held a bottle of hand sanitizer to dispense gel for C1 to clean his hands. C1 removed the foil that was covering his meal, then picked up his fork by the handle and place it in his entrée. C1 did not remove the gloves she used to put C1's shoes on and then do lunch set up.</p> <p>On 05/16/22 at 12:15 PM interviewed the Program Director (PD). The observation was shared with PD. PD commented staff member needed to change her gloves after putting the client's shoe back on especially before touching food.</p>	6 126		