

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125067</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/13/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ISLANDS SKILLED NURSING &amp; REHABILITATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1205 ALEXANDER STREET HONOLULU, HI 96826</b>
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4 000	<p>Initial Comments</p> <p>A relicensing survey was conducted by the Office of Health Care Assurance. 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: 05/10/22 to 05/13/22</p> <p>Survey Census: 31 residents</p> <p>Sample Size: 14 residents</p>	4 000		
4 115	<p>11-94.1-27(4) Resident rights and facility practices</p> <p>Written policies regarding the rights and responsibilities of residents during the resident's stay in the facility shall be established and shall be made available to the resident, resident family, legal guardian, surrogate, sponsoring agency or representative payee, and the public upon request. A facility must protect and promote the rights of each resident, including:</p> <p>(4) The right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility;</p> <p>This Statute is not met as evidenced by: Based on observation and resident interviews, the facility failed to ensure the resident's right to an environment that promotes his or her quality of life as evidenced by staff speaking another language while providing care to a resident.</p> <p>Findings include:</p>	4 115		

Office of Health Care Assurance LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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4 115	Continued From page 1  On 05/13/22 at 11:10 AM, this surveyor overheard two staff members speaking Filipino in the hallway directly outside the anonymous resident's doorway after providing care to the resident. At 11:16 AM, this surveyor entered the resident's room and inquired if staff speak another language while providing care to the resident. The resident requested to be anonymous and confirmed that staff have spoken to each other in Filipino while providing care and directly outside the resident's room after providing care. The resident expressed that he/she felt staff were speaking negatively about the resident and caused the resident to feel self-conscious and badly about the resident's physical condition. The resident stated that it is embarrassing to have staff clean him/her up after defecating and he/she feels like staff could be "making fun of me of all I know, because I don't know what they are saying."	4 115		
4 149	11-94.1-39(b) Nursing services  (b) Nursing services shall include but are not limited to the following:  (1) A comprehensive nursing assessment of each resident and the development and implementation of a plan of care within five days of admission. The nursing plan of care shall be developed in conjunction with the physician's admission physical examination and initial orders. A nursing plan of care shall be integrated with an overall plan of care developed by an interdisciplinary team no later than the twenty- first day after, or simultaneously, with the initial interdisciplinary care plan conference;  (2) Written nursing observations and	4 149		

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4 149	<p>Continued From page 2</p> <p>summaries of the resident's status recorded, as appropriate, due to changes in the resident's condition, but no less than quarterly; and</p> <p>(3) Ongoing evaluation and monitoring of direct care staff to ensure quality resident care is provided.</p> <p>This Statute is not met as evidenced by: Based on observation, record review, and interview, the facility failed to develop a person-centered care plan for three (3) residents (Resident (R)3, R132, and R31), out of 14 residents sampled. A comprehensive care plan to address R3's risk for pressure ulcer was not developed. R132 did not have an appropriate, individualized care plan to manage his dementia. Bilateral heel protectors for R31's feet were not care planned appropriately to include time frames for use and interventions to check the skin on his feet where possible injury could occur. This deficient practice has the potential to affect all residents in the facility.</p> <p>Findings include:</p> <p>1) R3 was admitted to the facility on 10/22/21 with diagnosis that include hemiplegia and hemiparesis following a stroke, diabetes mellitus type 2 with other skin complications, heart failure, cognitive and communication deficits, and congestive heart failure. Review of R3's admission MDS with an Assessment Reference Date (ARD) of 10/28/2021 documented Section G- Functional Status, G0110. Activities of Daily Living (ADL) Assistance, the resident is totally dependent on staff for bed mobility (how the resident moves to and from lying position, turns side to side, and positions body while in bed or</p>	4 149		

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4 149	<p>Continued From page 3</p> <p>alternate sleep furniture) with two or more staff for physical assistance. R3 is totally dependent on staff to perform all ADLs (eating, dressing, toilet use, and personal hygiene). Review of Section V- Care Area Assessment (CAA) Summary, V0200- CAAs and Care Planning, A16 Pressure Ulcer care area was triggered and checked as addressed in care plan.</p> <p>Multiple observations were made throughout the survey (05/10/22 at 10:51 AM, 12:10 PM, 1:35 PM, 2:15 PM; 05/11/22 at 10:32 AM, 11:50 AM, 12:57 PM, 2:45 PM; and 05/12/22 08:31 AM, 09:15 AM, 11:40 AM, 12:05 PM, 1:05 PM, 2:10 PM) of the resident lying in bed in a supine position (on the resident's back) with a wedge near the resident's left arm. The resident was not observed to be repositioned to the right or left and remained on his back. The wedge was not used to off load points of pressure or to reposition the resident. On 05/10/22 at 10:51 PM and 1:35 PM; 05/12/22 at 12:05 PM, 1:05 PM, 2:10 PM observed R3 had slipped down in the bed and the resident's foot was in direct contact with the bed's foot board.</p> <p>On 05/13/22 at 09:55 AM, conducted a concurrent interview and record review of R3's Electronic Medical Record (EMR) with the Director of Nursing (DON). The DON navigated R3's EMR and confirmed that the risk of pressure ulcer(s) was identified in the Care Area Assessment on the resident's admission and a significant change MDS and marked as address in the resident's care plan. The DON reviewed R3's care plan and confirmed a care plan was not developed for pressure ulcers or for repositioning R3 and should have been.</p> <p>2) Conducted a review of R132's EMR on</p>	4 149		

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4 149	<p>Continued From page 4</p> <p>05/10/22 at 4:00 PM. R132 was admitted to the facility with diagnosis that include Dementia. Review of the resident's care plan revealed Dementia care and activities aligned with the resident's cognitive status were not included.</p> <p>Observations were made of R132 on 05/10/22 at 10:15 AM and 1:10 PM; 05/11/22 at 09:45 AM, 11:04 AM, and 1:15 PM, during which the resident was not engaged in any activities with respect to the resident's cognitive ability. During an interview with R132, the resident was not alert and oriented to person, place, time, or situation. R132 was observed calling out for staff, crying, and yelling. On 05/12/22 at 09:30 AM, this surveyor observed a folded newspaper at the foot of the resident's bed. Due to R132's fractured femur, the resident was unable to reach the newspaper located at the foot of her bed.</p> <p>During an interview and concurrent record review with the DON on 05/13/22 at 10:15 AM, the DON confirmed that a dementia care plan with appropriate activities was not developed for R132. A care plan included R132's dependence on staff for emotional, intellectual, physical, and social needs related to physical limitations with interventions to invite the resident to scheduled activities and to provide the resident with materials for individual activities such as newspaper, magazines, jigsaw puzzles, and crossword puzzles. The DON confirmed the activities were not appropriate for R132 due to the resident's diagnosis of Dementia and severe cognitive impairment.</p> <p>3) On 05/10/22 at 10:15 AM, an initial observation of R31 was made in his room. R31 laid in bed and responded softly to his name. R31 did not answer any of state agency's (SA) questions.</p>	4 149		

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4 149	<p>Continued From page 5</p> <p>Partially uncovered by his blanket, a blue padded device was noted to be on his right foot.</p> <p>On 05/11/22 at 09:15 AM, R31's EMR was reviewed. R31 is a 70-year-old resident admitted to the facility on 03/17/22 with the diagnosis of respiratory failure and low blood oxygen related to a stroke caused by bleeding in the brain. R31's care plan, with care plan review completed on 04/05/22, did not indicate time frames for the use of the foot device and care interventions for skin assessments to his foot.</p> <p>On 05/12/22 at 1:22 PM, Registered Nurse (RN)4 was interviewed at the nursing station. RN4 stated that R31 had "heel lifts" on both of his feet to protect his heels from pressure injury due to being in bed. He was unsure of where the devices originated from and suggested that maybe it came from the therapies department. RN4 confirmed stated R31's care plan did not include his use of heel protectors and the required care interventions. At 1:40 PM, a follow up query was made with physical therapist (PT)2 in the therapies department about R31's heel protectors and she stated that R31 was transferred to the facility with them.</p> <p>On 05/13/22 at 07:45 AM, a concurrent interview and observation was done with the Director of Nursing (DON) at R31's bedside. The DON confirmed that R31 had heel protectors and a care plan is required to outline time frames and interventions for their use to ensure skin breakdown on the feet do not occur.</p> <p>On 05/13/22 at 3:30 PM, the facility's "Care Plans, Comprehensive Person-Centered version 1.3 (H5MAPL0110)" policy was reviewed. It stated, "...8. The comprehensive,</p>	4 149		

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4 149	Continued From page 6  person-centered care plan will: ...b. Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being; ..."	4 149		
4 159	<p>11-94.1-41(a) Storage and handling of food</p> <p>(a) All food shall be procured, stored, prepared, distributed, and served under sanitary conditions.</p> <p>(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</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, interviews, and record review, the facility failed to use the correct metric to document the temperatures of a nursing unit's nourishment refrigerator for their residents. The staff did not recognize that the refrigerator temperature fell out of the acceptable range which could have potentially caused the food to spoil causing injury to their residents. This deficient practice could affect all residents of the facility.</p> <p>Finding includes:  On 05/12/22 at 12:00 PM, an observation of the nourishment refrigerator for residents on a nursing unit was made. "6" was noted to be on the digital display for temperature and it was</p>	4 159		

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4 159	<p>Continued From page 7</p> <p>verified with the DON. It was determined by the DON that the temperature was in Celsius as indicated by a marking on the digital display.</p> <p>A concurrent observation and interview with the DON were done after the visual verification of the current refrigerator temperature was done. It was confirmed that the temperatures on the "Nourishment Refrigerator (sic) Log" from 7:00 AM on February 9, 2022, to 7:00 AM on May 12, 2022, were documented in Celsius instead of as indicated on the bottom left of the log, "Fridge temp range 36-46 degrees Fahrenheit." The logs for March 2022 to April 2022 were also labeled as the "Medication Refridgerator (sic) Log" but the DON confirmed that these were the nourishment refrigerator logs. The DON stated that the temperatures were checked twice a day at 7:00 AM and 7:00 PM. She verified that the temperatures should have been logged in Fahrenheit and not in Celsius, so that outlying temperatures could be easily confirmed. She further stated that the nurse was supposed to call or send a "TELS" communication via email to the Maintenance department once the problem was discovered. The "Nourishment Refridgerator Log" for February 2022 revealed that the Maintenance department was notified four times.</p> <p>On 05/12/22 at 12:10 PM, a concurrent observation and interview with the Director of Maintenance (DM) was done on the nursing unit. DM stated that for any maintenance problems, he would receive a phone call from the nurse or an email through the facility's "TELS" system. State agency (SA) asked for but was not provided any maintenance problems logs and repairs done for the nurses' reports about the wrong metric on the nursing unit's nourishment refrigerator.</p>	4 159		



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4 159	<p>Continued From page 8</p> <p>On 05/13/22 at 11:00 AM, further review of the facility's February 2022 to May 2022 "Nourishment Refridgerator (sic) Log" was done. The range of temperatures in Celsius were from one degree to 11 degrees. 11 degrees Celsius converted to Fahrenheit on Google.com is equal to 51.8 degrees.</p> <p>On 05/13/22 at 3:40 PM, the facility's policy, "Refrigerators and Freezers" "Version 1.0 (H5MAPL0721)" was reviewed. It stated, "...1. Acceptable temperature ranges are 36°F [degree Fahrenheit] to 46°F [degree Fahrenheit] for refrigerators ..."</p>	4 159		
4 197	<p>11-94.1-46(n) Pharmaceutical services</p> <p>(n) Discontinued and outdated prescriptions and containers with worn, illegible, or missing labels shall be disposed of according to facility policy.</p> <p>This Statute is not met as evidenced by: Based on observations, staff interview and review of policy, the facility failed to identify and discard the following treatment medications: Skintegrity Hydrogel, 3% Hydrogen Peroxide. As a result of this deficiency, the facility put the residents at risk for exposure to the expired treatment medications and possible side effects.</p> <p>Findings include:</p> <p>On 05/10/22 at 10:10 AM, an observation of the Treatment Cart on the second floor nursing unit revealed the following: Skintegrity Hydrogel 4oz. Tubes with an expiration date 3/22, Hydrogen Peroxide 3%, 4oz bottles with an expiration date</p>	4 197		

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4 197	Continued From page 9  03/20/22.  During staff interview on 05/10/22 at 10:45 AM, Assistant Director of Nursing (ADON) was queried about the expired medications previously listed. ADON acknowledged that the medications were expired and proceeded to discard them. ADON also stated that pharmacy had recently checked the cart and should have seen the expired medications.  Review of facility policy on Storage of Medications read the following: Policy Statement, The facility shall store all drugs and biologicals in a safe, secure, and orderly manner. Policy Interpretation and Implementation, 1. Drugs and biologicals shall be stored in the packaging, containers or other dispensing systems in which they are received ... 4. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed.	4 197		
4 214	11-94.1-55(a) Housekeeping  (a) Each facility shall have a plan for routine periodic cleaning of the entire building and premises.  <input type="checkbox"/>  This Statute is not met as evidenced by: Based on observation, staff interview and review of policy, the facility failed to identify and maintain a clean Medication Refrigerator located on the 3rd floor. As a result of this deficiency, the facility put the residents and/or staff at risk for exposure to the unsanitary environment.	4 214		

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4 214	<p>Continued From page 10</p> <p>Findings include:</p> <p>On 05/12/22 at 08:30 AM, an observation of the Medication Refrigerator on the third floor nursing unit showed a black dirt looking substance along the upper rubber seal. The substance extended along most of the upper rubber seal.</p> <p>On 05/12/22 at 08:35 AM, Registered Nurse (RN) 3 was queried and acknowledged that the black dirt looking substance was there along the upper rubber seal. RN3 said that they would look into it and/or take care of it.</p> <p>A review of facility policy on Cleaning and Disinfection of Environmental Surfaces read the following: Policy Statement, Environmental surfaces will be cleaned and disinfected according to current CDC recommendations for disinfection of healthcare facilities and the OSHA bloodborne pathogens standard. Policy Interpretation and Implementation ... 3. Devices that are used by staff but not in direct contact with residents (e.g. computer keyboards, PDAs, etc.) shall be cleaned and disinfected regularly (according to facility schedule) by the environmental services staff and as needed by the nursing staff ... 9. Housekeeping surfaces (e.g. floors, tabletops) will be cleaned on a regular basis, when spills occur, and when these surfaces are visibly soiled, 10. Environmental surfaces will be disinfected (or cleaned) on a regular basis (e.g. daily, three times per week) when these surfaces are visibly soiled ...</p>	4 214		