

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HI02ADHC004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/21/2022
NAME OF PROVIDER OR SUPPLIER ARCADIA ADULT DAY CARE AND DAY HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 SOUTH BERETANIA STREET HONOLULU, HI 96826		
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6 000	INITIAL COMMENTS A licensure survey was conducted by the Office of Health Care Assurance on June 21, 2022. The census of adult day health program clients was 65 clients, seven clients were included in the sample. The facility was found not to meet the program requirements of the Hawaii Administrative Rules, Title 11, Department of Health, Chapter 96, Freestanding Adult Day Health Centers.	6 000	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">22 JUL 18 AM 1:17</p> <p style="text-align: center;">22-07-0008531</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA MEDICARE CERTIFICATION</p>	
6 027	11-96-8(b)(12) CLIENT CARE MANAGEMENT A written individualized plan of care shall be developed to meet the needs of each client and shall include, but not be limited to: The signature of each member of the multidisciplinary team, including the physician. This Statute is not met as evidenced by: Based on record review and interview with staff member, the facility failed to obtain the written signature of each member of the multidisciplinary team, including the physician upon completion of the individualized plan of care for 7 (Clients 1, 2, 3, 4, 5, 6, and 7) of 7 clients sampled. Findings include: 1) On 06/21/22 at 09:20 AM, record review was done for Client (C)1. C1 was admitted 02/08/21. Review of the plan of care found no signature of the multidisciplinary team that participated in the development of C1's care plan. 2) On 06/21/22 at 12:01 PM, record review was done for C5. C5 was admitted to the program on	6 027		

Office of Health Care Assurance

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

Z1D011

II continuation sheet 1 of 10

Heavenly

COO

7/18/22

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6 027	<p>Continued From page 1</p> <p>11/16/18. Review of the plan of care found no signatures of the multidisciplinary team that participated in the development of C5's care plan.</p> <p>3) On 06/21/22 at 12:32 PM, record review was done for C6. C6 was admitted to the program on 07/27/21. Review of the plan of care found no signatures of the multidisciplinary team that participated in the development of C6's care plan.</p> <p>4) On 06/21/22 at 12:53 PM, record review was done for C7. C7 was admitted to the program on 09/11/19. Review of the plan of care found no signatures of the multidisciplinary team that participated in the development of C7's care plan.</p> <p>5) On 06/21/22 at 09:18 AM review of C2's Electronic Medical Record (EMR) was done. C2 was admitted to the facility on 10/09/20 and receives services five days a week. C2's most recent care plan effective date was documented as of 04/20/22. Review of C2's care plan in the EMR found it was not signed by the multidisciplinary team.</p> <p>6) On 06/21/22 at 12:45 PM review of C3's Electronic Medical Record (EMR) was done. C3 was admitted to the facility on 03/09/17 and receives services five days a week. C3's most recent care plan effective date was documented as of 05/10/22. Review of C3's care plan in the EMR found it was not signed by the multidisciplinary team.</p> <p>7) On 06/21/22 at 01:26 PM review of C4's Electronic Medical Record (EMR) was done. C4 was admitted to the facility on 08/30/21 and receives services two days a week. C4's most recent care plan effective date was documented</p>	6 027	<p>The systemic change implemented to ensure this deficient practice does not recur is through conducting interdisciplinary team meetings in intervals appropriate to the needs of the program. The interdisciplinary team will review client care plans that are coming due or requiring updates regarding a change in the client's care or condition. Care plans will be signed upon completion during interdisciplinary team meetings.</p> <p>The Program Director or designee will be responsible for ensuring that the plan of care is maintained according to standards acceptable to the department. This includes conducting a monthly audit and review to verify that the client's current plan of care includes the signature of all members of the multidisciplinary team. The audit will be presented on a quarterly basis at the company-wide Quality Assurance meetings.</p>		

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6 027	Continued From page 2 as of 08/30/21. Review of C4's care plan in the EMR found it was not signed by the multidisciplinary team. The facility's electronic health record had documentation of the participants; however, there was no written signature of the team members and the clients' physician. Requested documentation for the seven clients. On 06/21/22 at 01:45 PM, the Administrator reported the facility does not have documentation of written signatures for the multidisciplinary team and the clients' physician.	6 027		
6 053	11-96-10(e) DIETETIC SERVICES A nutritional assessment and diet plan for each client shall be completed or recorded in the health record by the physician or dietitian. The plan should be incorporated in the overall plan of care and reviewed as necessary. This Statute is not met as evidenced by: Based on record review and interview with staff member, the facility failed to ensure a nutritional assessment was completed for 4 (Clients 1, 5, 6, and 3) out of 7 clients in the sample. Findings include: 1) On 06/21/22 at 09:20 AM a record review was done for Client (C)1. C1 was admitted to the program on 02/08/21 and attends the program Monday through Friday. C1 noted to receive nutrient via gastrostomy tube. Further review found no nutritional assessment.	6 053	The nutritional assessment and diet plan for Client 1 was completed by the Registered Dietician on 6/21/22, on 7/15/22 for Client 3, 7/8/22 for Client 5 and on 6/27/22 for Client 6. An audit of all client's nutritional assessments and diet plans was completed on 7/15/22. The Registered Dietician will complete the nutritional assessment and diet plan for any additional clients who did not have an assessment completed within the last year by 8/31/22.	

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6 053	<p>Continued From page 3</p> <p>Observation at 10:35 AM found C1 in the nurse/resting room seated in a wheelchair receiving her formula. C1 had her head hanging down and was asleep.</p> <p>On 06/21/22 at 10:28 AM requested assistance from the Administrator in locating C1's nutritional assessment. Administrator reported, a nutritional assessment was probably not completed as it was not updated in the client's care plan.</p> <p>2) On 06/21/22 at 12:01 PM a record review was done for C5. C5 was admitted to the program on 11/16/18. Record review could not find documentation of a nutritional assessment. Requested assistance from the Administrator. On 06/21/22 at 01:45 PM, Administrator reported the last nutrition assessment was done on 12/26/19. At 02:22 PM further queried Administrator whether the Registered Dietitian (RD) is required to do an annual assessment. Administrator replied the RD comes quarterly to make observations in the center and will assess annually to contribute to the care plan and more frequently if needed.</p> <p>3) On 06/21/22 at 12:32 PM a record review was done for C6. C6 attends the program Monday through Friday and has a dietary order for salt free diet. Review found no documentation of a nutritional assessment. On 06/21/22 at 01:45 PM, the Administrator confirmed a nutritional assessment was not done for C6.</p> <p>4)On 06/21/22 at 12:45 PM a review of C3's Electronic Medical Record (EMR) was done. C3 was admitted to the facility on 03/09/17 and receives services five days a week. C3's last nutritional assessment was completed on</p>	6 053	<p>The systemic change implemented to ensure this deficient practice does not recur will be to have the Registered Dietician verify and complete, on a monthly basis, any nutritional assessments that are coming due within the next 30 days to ensure timely completion. The interdisciplinary team will meet in intervals appropriate to the needs of the program. The interdisciplinary team will review client care plans that are coming due or requiring updates regarding a change in the client's care or condition. Care plans will be signed upon completion during interdisciplinary team meetings.</p> <p>The Program Director or designee will be responsible for ensuring that the nutritional assessment and diet plan is maintained according to standards acceptable to the department. This includes conducting a monthly audit of the client's EMR to verify that there is a current nutritional assessment and diet plan in place for each client. The audit will be presented on a quarterly basis at the company-wide Quality Assurance meetings.</p>		

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6 053	Continued From page 4 07/02/20, two years ago. C3's EMR did not include documentation of C3's nutritional assessment reviewed after 07/02/20. On 06/21/22 at 02:12 PM interview with Administrator confirmed C3's nutritional assessment was last reviewed on 07/02/20.	6 053		
6 057	11-96-10(g) DIETETIC SERVICES All food shall be procured, stored, prepared, distributed, and served under sanitary conditions. This Statute is not met as evidenced by: Based on observation, review of the facility's policy and procedures, and interview with staff member the facility failed to ensure stored beverages to be provided to clients were not expired. Findings include: On 06/21/22 at 08:27 AM concurrent observation with Certified Nursing Assistant (CNA) 4 in the facility kitchen was done. Observed three cartons of unopened passion orange guava juice with the manufacturer's expiration date of 06/20/22 in the refrigerator. Inquired with CNA4 if the juice is expired, CNA4 grabbed all three cartons from the refrigerator and confirmed the juice expired yesterday. Review of the facility's policy and procedure "Labeling Food" dated 02/14/17 documents for non-opened perishable food items "The manufactures 'Best by' date will be used as the expiration date for all non-opened food items, unless there is a specific [sic] expiration date on the packaging by the manufacturer."	6 057	The Program Director reviewed the Center's protocol on food storage and labeling on 7/8/22. An in-service on the protocol is scheduled to be conducted with staff on 7/20/22. The systemic change implemented to ensure this deficient practice does not recur is through daily checks (on the days the Center is open) of all food items being stored in the Center's kitchen. Checks will be completed daily and a log will kept to ensure compliance. The Program Director or designee will be responsible for ensuring that the checks are completed daily on the days the Center is open. This includes conducting a monthly audit of the daily log. The audit will be presented on a quarterly basis at the company-wide Quality Assurance meetings.	

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6 070	<p>11-96-11(a) DISCHARGE PLANNING</p> <p>A plan for discharge of each client shall be based on the assessment of the client by the multidisciplinary team and shall be reviewed and updated at the time of each reassessment if discharge planning is appropriate. This Statute is not met as evidenced by: Based on record review the facility failed to review and update Client (C)2's plan for discharge at the time of reassessment.</p> <p>Findings include:</p> <p>On 06/21/22 at 09:18 AM review of C2's Electronic Medical Record (EMR) was done. C2 was admitted to the facility on 10/09/20 and receives services five days a week.</p> <p>Review of C2's clinical note dated 04/13/22 documents discussion of alternative options for discharge if C2's behaviors do not improve and is unable to attend the facility due to behaviors. "LSW [Licensed Social Worker] approached by nursing re: client's behaviors, resistive, uncooperative, unwarranted aggression when nursing attempting toilet and provide personal care...issue is for safety of client and others...LSW discussed with client in private about mentioned issues...Client was informed by LSW of possible alternatives that would ensure if we are not able to alleviate the current problems staff are struggling with. Client understand that the staff desires are for him to remain attending center program for as long as possible and also acknowledged that his wife [Name] would have severe hardship without the opportunity to attend center. We discussed alternatives options private hire, which would be financially impossible for wife, and foster home placement, having to apply</p>	6 070	<p>The plan of care for Client 2 was updated on 6/22/22 to accurately reflect the current plan in place for client's discharge and the support offered by the interdisciplinary team. On 6/27/22 additional progress notes were added to Client 2's EMR to document the target date for discharge including notes from the interdisciplinary team meeting which included discussion regarding client's discharge.</p>	

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6 070	Continued From page 6 for Medicaid and the consequences of lien aspect." Review of C2's most recent care plan effective 04/20/22 documents C2's discharge plan "...will receive resources to provide continuum of care...to remain living at home for as long as possible with supports as needed." C2's discharge plan does not document the behaviors discussed in C2's clinical note on 04/13/22 which would result in alternative options, including if discharging client would be appropriate if placed in another setting from his home. Review of C2's clinical notes after C2's most recent care plan effective date of 04/20/22 documents on 04/27/22 "...possible transfer to another facility..." and 06/02/22 documents potential foster home placements. Review of the facility's policy and procedure "Discharge Planning Policy" reviewed by the facility on 06/20/19 documents "A discharge plan for a client...is based on a multidisciplinary team assessment of the client and is reviewed and updated at the time of each reassessment if discharge planning is appropriate."	6 070	The systemic change implemented to ensure this deficient practice does not recur is through conducting interdisciplinary team meetings in intervals appropriate to the needs of the program. The interdisciplinary team will review client care plans that are coming due or requiring updates regarding a change in the client's care, condition or discharge. The interdisciplinary team will document any updates in the client's EMR. The Program Director or designee will be responsible for ensuring that the plan of care is maintained according to standards acceptable to the department. This includes conducting a monthly audit of the client's EMR to ensure the plan for discharge is current. The audit will be presented on a quarterly basis at the company-wide Quality Assurance meetings.	
6 126	11-96-21(a) INFECTION CONTROL 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. This Statute is not met as evidenced by: Based on observation and interview with staff member, the facility failed to implement infection control procedures to prevent the spread of	6 126	An in-service on proper hand hygiene and hand washing during food preparation was conducted with all Center staff on 7/14/22 and 7/18/22. The in-service included 1:1 observation and competency check.	

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6 126	<p>Continued From page 7</p> <p>infectious diseases.</p> <p>Findings include:</p> <p>On 06/21/22 at 11:30 AM observed Staff Member (SM)1 assist Client (C)8 with her lunch meal. C8 was seated at the table with a sandwich. SM1 was standing next to C8 and asking her if she wanted her tomato removed. SM1 removed her glove, grabbed a glove from the box on the table behind her, and put on a new pair of gloves. Hand sanitizing before applying a new glove was not observed. SM1 removed the tomato from the sandwich and offered to apply the mayonnaise to C8's sandwich. C8 was agreeable, SM1 opened the packet and applied the mayonnaise to the sandwich. SM1 removed her gloves and went into the kitchen. SM1 was observed wearing a pair of gloves and putting soup into a bowl. SM1 served the soup to C8. SM1 asked C8 if she wanted a big spoon. SM1 removed her gloves, went into the kitchen and donned a new pair of gloves from the box in the kitchen. No hand sanitizing before applying a new glove was observed. SM1 then went into the drawer and found a soup spoon and delivered it to the C8 at the table.</p> <p>On 06/21/22 at 12:12 PM observation of SM1 was shared with the Administrator. Inquired whether staff members are to hand sanitize before applying new gloves. Administrator confirmed handwashing after removal of glove and prior to applying a new glove is indicated.</p>	6 126	<p>The systemic change implemented to ensure this deficient practice does not recur is through proper training for new hires during the onboarding process and monthly hand hygiene audits for all Center staff which will be conducted by the RN, LPN or designee. Re-training on policies and procedures will occur on an annual basis, if a change to the policies and procedures has been implemented or more frequently as needed.</p> <p>The Program Director or designee will be responsible for ensuring that audits are conducted monthly and proper re-training occurs if necessary. The audit will be presented on a quarterly basis at the company-wide Quality Assurance meetings.</p>		
6 162	<p>11-96-25(d)(1) NURSING SERVICE</p> <p>Nursing services shall include, but not be limited to the following:</p>	6 162			

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6 162	<p>Continued From page 8</p> <p>Nursing assessment of each client and development of an appropriate plan of care by a registered nurse; This Statute is not met as evidenced by: Based on record reviews and interviews with staff members, the facility failed to ensure 2 (Clients 1 and 2) of seven sampled clients had annual nursing assessments.</p> <p>Findings include:</p> <p>1) On 06/21/22 at 09:18 AM a review of C2's Electronic Medical Record (EMR) was done. C2 was admitted to the facility on 10/09/20 and receives services five days a week. C2's last nursing assessment was completed on 10/14/20.</p> <p>On 06/21/22 at 02:12 PM interview with Administrator confirmed C2's nursing assessment was last reviewed on 10/14/20.</p> <p>On 06/21/22 at 02:29 PM interview with Registered Nurse (RN). RN stated nursing assessments are completed annually.</p> <p>2) On 06/21/22 at 09:20 AM a record review was done for C1. The review found no documentation of an annual nursing assessment. On 06/21/22, the Administrator reported, C1's last nursing assessment was done on 01/29/21.</p> <p>On 06/21/22 at 02:22 PM the Administrator provided a copy of the facility's policy and procedure titled "Nursing Services Policy (CUC)." The policy and procedure notes the following: "A nursing assessment of each client and development of an appropriate plan of care is done by a registered nurse. Nursing</p>	6 162	<p>Client 1 has been absent from the program and is tentatively scheduled to return on 7/20/22. The RN will complete the annual nursing assessment upon client's return to the program.</p> <p>The annual nursing assessment for Client 2 was completed by the RN on 6/23/22.</p> <p>An audit of all client's nursing assessments was completed on 7/15/22. The RN will complete the nursing assessment for any additional clients who did not have an assessment completed within the last year by 7/31/22. The RN will complete any nursing assessment for clients who are currently on admission hold once they return to the Center.</p> <p>The systemic change implemented to ensure this deficient practice does not recur will be to have the RN verify and complete, on a monthly basis, any nursing assessments that are coming due within the next 30 days to ensure timely completion. The interdisciplinary team will meet in intervals appropriate to the needs of the program.</p>		

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6 162	Continued From page 9 observations and summaries of the client's status are recorded. b. Monthly or more frequently, if appropriate, for day health clients by a licensed nurse."	6 162	The Program Director or designee will be responsible for ensuring that the nursing assessment is maintained according to standards acceptable to the department. This includes conducting a monthly audit of the client's EMR to verify that there is a current nursing assessment in place for each client. The audit will be presented on a quarterly basis at the company-wide Quality Assurance meetings.	