

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/19/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/28/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>KAUAI CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9611 WAENA ROAD</b> <b>WAIMEA, HI 96796</b>	
(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) COMPLETION DATE
F 000	INITIAL COMMENTS  An abbreviated survey (for ACTS #9594) was conducted by the Office of Health Care Assurance on 06/27/22 - 06/28/22. The complaint was substantiated and the facility was not in compliance with program requirements at 42 CFR subpart B.	F 000		
F 880 SS=E	Survey Census = 40 Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;  §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:	F 880		7/15/22

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

TITLE

(X6) DATE

Electronically Signed

07/09/2022

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	<p>Continued From page 1</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>Based on observations, staff interview, and review of policy, the facility failed to perform the following infection prevention and control measures: 1. Hand Hygiene, 2. Proper wearing of eye protection/face shield, 3. Quarantine/isolation of a resident who was under investigation after exposure to COVID-19. As a result of these deficiencies, the facility put other residents at risk for exposure to COVID-19.</p> <p>Findings include:</p> <p>1) During an observation on 06/27/22 at 01:30 PM, Rehab Staff (Rehab) 1 was getting ready to enter the Lokahi Nursing Unit Room 109 which was on quarantine/isolation for COVID-19. Rehab 1 proceeded to don (put on) Personal Protective Equipment (PPE) but did not perform hand hygiene prior to the donning procedure.</p> <p>Review of facility policy on Hand Hygiene read ... Procedure, hand hygiene is a general term that applies to washing hands with water and either plain soap or soap/detergent containing an antiseptic agent or thoroughly applying an alcohol-based hand rub, recommend technique for use of an alcohol-based gel includes applying product to the palm of one hand and rubbing hands together, covering all surfaces of hands and fingers until the hands are dry. Hand hygiene, either soap and water or alcohol-based rub: when coming on duty, before and after direct resident contact (for which hand hygiene is indicated by acceptable professional practice), before and after performing any invasive procedure, before and after entering an isolation precaution area.</p> <p>During an interview on 06/28/22 at 09:00 AM,</p>	F 880	<p>F880- Infection Prevention &amp; Control</p> <p>Corrective action for identified resident(s):</p> <ul style="list-style-type: none"> <li>The facility will implement appropriate infection prevention and control measures consistent with the CDC recommendations regarding appropriate hand hygiene procedure for donning PPE, wearing eye protection appropriately in resident care areas, and ensuring that residents on quarantine due to exposure are isolated to their rooms or wearing appropriate source control if they exit their rooms.</li> </ul> <p>Corrective action for similar resident(s):</p> <ul style="list-style-type: none"> <li>Current residents were considered at risk.</li> </ul> <p>Measures to correct:</p> <ul style="list-style-type: none"> <li>Staff will be educated by the facility-certified infection preventionist or designee on the appropriate infection prevention and control measures consistent with the CDC recommendations regarding appropriate hand hygiene procedure for donning PPE, wearing eye protection appropriately in resident care areas, and ensuring that residents on quarantine due to exposure are isolated to their rooms or wearing appropriate source control if they exit their rooms that are consistent with the federal regulation and the acceptable infection control practices.</li> </ul> <p>Monitor of corrective measures:</p> <ul style="list-style-type: none"> <li>The facility will implement a process that the Infection preventionist or</li> </ul>		

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F 880	<p>Continued From page 3</p> <p>Administrator in Training (AIT) acknowledged that Rehab 1 should have performed hand hygiene prior to donning PPE. AIT also stated that all staff have recently received training on donning (putting on) and doffing (taking off) of PPE.</p> <p>2) During observation of the Lokahi Nursing Unit on 06/28/22 at 09:30 AM, Staff Nurse (Nurse) 3 was seen walking down the hallway without wearing any eye protection/face shield.</p> <p>During another observation of the Lokahi Nursing Unit on 06/28/22 at 10:00 AM, Nurse 3 was seen walking down the hallway wearing a face shield covering only the forehead and not covering the face.</p> <p>During interview on 06/28/22 at 09:05 AM, AIT said that all employees supposed to be wearing the proper eye protection/face shield when on the Nursing Units.</p> <p>Review of facility policy on COVID-19 read ... core principles of COVID-19 infection prevention: hand hygiene (use of alcohol-based hand rub is preferred), face covering or mask (covering mouth and nose), physical/social distancing at least six feet between persons, in accordance with the CDC, instructional signage throughout the facility/community and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility/community practices, cleaning and disinfecting high-frequently touched surfaces in the facility/community, to include designated visitation areas after each visit, appropriate staff use of PPE, effective cohorting of residents, facility/community will maintain access to COVID-19 testing for residents and staff and</p>	F 880	<p>designee will complete routine weekly infection control audits to ensure ongoing compliance with infection control practices of hand hygiene during PPE donning, ensuring staff in resident care areas are wearing appropriate eye protection, and ensuring that quarantine residents are isolated are required per infection control guidelines per the CDC. Any noted issues will be addressed, these audits will be reviewed in the facility QAPI process for the next 3 months to ensure on-going compliance with infection control practices.</p> <p>Responsibility and Date of compliance: • Admin is responsible.</p>		

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F 880	Continued From page 4 conducted as required. 3) During an observation on 06/27/22 at 1:40 PM noted Resident (R)1 sitting in a chair in the Laulima unit day room, wearing a mask that was hanging under her chin. On 06/28/22 at 10:30 AM, surveyor observed R2 walk out of her room with her walker, wearing a surgical mask. Surveyor confirmed with Staff (S)5 that R2 was on quarantine precautions due to being exposed to a previous roommate who tested positive for Covid-19. S5 explained that it was difficult to keep her in her room, she has dementia and is very active, so we try to re-direct her, otherwise she gets anxious. S5 stated that it was the same with R1, and pointed to R1 who was sitting in a chair across from an activity staff (S2). R1 was wearing her mask under her chin. She also gets very anxious if she is forced to stay in her room. S2 was wearing a black medical mask and playing a game with large TIC TAC TOE pieces with R1. R1 was observed wearing a blue surgical mask under her chin while she was engaged with S2 playing the game. After a few minutes S2 said to S2 that she needed to go to the bathroom. S2 got up to assist R1 to the bathroom.	F 880			