STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125002	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	11/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILO MEDICAL CENTER	1190 WAIANUENUE AVENUE HILO, HI 96720

(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
K 363 SS=E	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.	K 363		12/31/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		12/01/2022

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K 363	Continued From page 1 This REQUIREMENT is not met as evidenced by: K-363 Corridors-Doors This STANDARD is not met as evidenced by: Based on observation and staff interview with staff interview with the Administrator, the facility failed to maintain the fire door assembly rating labels separating the Extended Care Facility and the Hilo Medical Business Offices, in accordance with NFPA 101, 2012 edition, section 8.3.3.2.2. In addition to the fire door deficiency, the following resident room doors: N2, 3, 5, and 9, did not latch in the closed position, in accordance with NFPA 101, 2012 edition, section 19.3.6.3.5. These two deficiencies could affect all residents, staff, and visitors during a fire due to the failure of the doors which could affect the path of egress. Findings include: During facility survey on 11/8/22 at approximately 10:45 am, the missing labels on the fire rated assembly were not affixed to the frames. The fire rated labels were observed on the two doors, but were not visible on the frames. Upon testing of the operation of all resident room doors, the doors identified, failed to close and latch. . These findings were verified at the exit conference with the Administrator on 11/8/22 at 11:45 am.	K 363	K363 CORRIDOR-DOORS SS: E CORRECTIVE ACTION IDENTIFIED: Fire Door separating the Extended Care Facility and the Hilo Medical Center Business Offices inspected and located fire rating label on the door. Inquiry made with manufactorer pending confirmation on fire rating label on door assembly/frame and schedule appointment as required to ensure compliance with NFPA 101, 2012 edition, section 8.3.3.2.2. Resident room doors N2, E3, E5, and E9 inspected and repaired on 11/08/22 and tested to latch in accordance with NFPA 101, 2012 edition, section 19.3.6.3.5. IDENTIFIYING OTHER RESIDENTS HAVING POTENTIAL TO BE AFFECTED AND WHAT CORRECTIVE ACTION WILL BE TAKEN: All residents, staff, and visitors have the potential to be affected by this deficiency. A facility-wide inspection of all doors completed on 11/08/22 to identify other doors that may have been affected by this deficiency. Doors identified that were unable to latch were repaired and tested to latch in accordance with NFPA 101, 2012 edition, section 19.3.6.3.5.	

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K 363	Continued From page 2	K 363	MEASURE AND SYSTEMATIC CHANGES TO PREVENT RECURRENCE: Maintenance staff will be provided with educated on the NFPA 101, 2012 edition section 8.3.3.2.2 on fire door assembly rating labels. All Maintenance, Environmental Services, Nursing and Facility Administration will be provided with education on the NFPA 101, 2012 edition section 19.3.6.3.5 on latching of doors. MONITORING CORRECTIVE ACTION FOR SUSTAINED CORRECTIONS: Maintenance Department will conduct preventive maintenance inspection of facility doors as required by NFPA 101, 2012 edition section 19.3.6.3.5. Findings of these reports will be submitted to QAPI monthly meeting x 90 days to ensure compliance with NFPA 101, 2012 edition section 19.3.6.3.5. Assistant Administrator or designee will conduct weekly inspection rounds of facility doors and the findings of these rounds will be submitted to QAPI monthly meeting x 90 days to ensure compliance with NFPA 101, 2012 edition section 19.3.6.3.5.	
K 911 SS=D	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other	K 911		12/31/22

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K 911	Continued From page 3 List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: K-911 Electrical systems, Other This STANDARD is not met as evidenced by: Based on facility observation and staff interview with the Administrator, the facility failed to maintain the electrical service room free from combustible storage, in accordance with NFPA 101, 2012 edition, section 9.1.2 and NFPA70, National Electric Code, 2011 edition, section 110.26 (B). This deficiency could affect all residents, staff, and visitors due to a potential fire in the electrical service room. Findings include: During facility survey on 11/8/22, at approximately 10:45 am, revealed that the electrical service room was used as a "utility closet" for housekeeping supplies. In this same room, a fully operational sink was observed. These findings were verified at the exit conference with the Administrator on 11/8/22 at 11:45 am.	K 911	K911 ELECTRICAL SYSTEMS/OTHER SS: G CORRECTIVE ACTION IDENTIFIED: Electrical service room was cleared of any combustible storage items on 11/08/22 signage was also posted on 11/08/22 on electrical service room door prohibiting the storage of any combustible items. Electrical service room is secured and accessible to authorized personnel only. The removal or disconnection of the plumbing fixture (sink) is not considered due to creation of a "dead leg" which would place the facility at risk for Legionella. Plumbing fixture (sink) remains not in use. Plumbing fixture (sink) is existing construction and is located outside of the required clear working space and dedicated equipment space as per p.110.26 NFPA 70. Inquiry made to Board of Electricians pending clarification of sink located in Electrical room.	

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	125002	A. BUILDING **01 - MAIN BUILDING 01** B. WING	**11/08/2022**

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K 911	Continued From page 4	K 911	IDENTIFIYING OTHER RESIDENTS HAVING POTENTIAL TO BE AFFECTED AND WHAT CORRECTIVE ACTION WILL BE TAKEN: All residents, staff, and visitors have the potential to be affected by this deficiency. MEASURE AND SYSTEMATIC CHANGES TO PREVENT RECURRENCE: All Environmental Services, Maintenance, Nursing and Facility Administration will be provided with education on the NFPA 101, 2012 edition section 9.1.2. and NFPA 70, National Electric Code 2011 edition, section 110.26 (B) on maintaining the electrical storage room free from any combustible storage. Assistant Administrator or designee will conduct monthly environmental observation rounds to visually inspect the electrical room for any combustible storage. MONITORING CORRECTIVE ACTION FOR SUSTAINED CORRECTIONS: Assistant Administrator or designee will submit findings of the monthly environmental observation rounds to conduct QAPI monthly meeting x 90 days to ensure compliance with NFPA 101, 2012 edition section 9.1.2 NFPA 70, National Electric Code 2011 edition, section 110.26 (B).	

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K 914 SS=F	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: K-911 Electrical systems, Other This STANDARD is not met as evidenced by: Based on facility observation and staff interview with the Administrator, the facility failed to maintain the electrical service room free from combustible storage, in accordance with NFPA 101, 2012 edition, section 9.1.2 and NFPA70, National Electric Code, 2011 edition, section 110.26 (B). This deficiency could affect all residents, staff, and visitors due to a potential fire in the electrical service room. Findings include: During facility survey on 11/8/22, at approximately	K 914	K914 ELECTRICAL SYSTEMS-MAINTENANCE AND TESTING SS: F CORRECTIVE ACTION IDENTIFIED: Facility bedside hospital grade electrical outlets in resident rooms were inspected and confirmed compliance with NFPA 99, 2012 edition section 6.3.3.2 as no documented performance data defined. IDENTIFYING OTHER RESIDENTS	12/31/22

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K 914	Continued From page 6 10:45 am, revealed that the electrical service room was used as a "utility closet" for housekeeping supplies. In this same room, a fully operational sink was observed. These findings were verified at the exit conference with the Administrator on 11/8/22 at 11:45 am.	K 914	WHO HAVING POTENTIAL TO BE AFFECTED AND WHAT CORRECTIVE ACTION WILL BE TAKEN: All residents, staff, and visitors have the potential to be affected. MEASURE AND SYSTEMATIC CHANGES TO PREVENT RECURRENCE: Maintenance staff will be provided with education on the NFPA 99, 2012 edition section 6.3.3.2. MONITORING CORRECTIVE ACTION FOR SUSTAINED CORRECTIONS: Maintenance Department will conduct preventive maintenance inspection testing of electrical receptacles located in resident rooms based on performance data in accordance with NFPA 99, 2012 edition section 6.3.3.2. completed inspections will be submitted to QAPI meeting to ensure compliance with FPA 99, 2012 edition section 6.3.3.2.	
K 923 SS=E	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or	K 923		12/31/22

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K 923	Continued From page 7 limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: K-923 Gas Equipment-Other This STANDARD is not met as evidenced by: Based on observation and staff interview with the Administrator, the facility failed to store type "H" type oxygen cylinders in accordance with NFPA 99, Healthcare Facilities Code, 2012 edition, and sections 11.3.1. and 5.1.3.3.2. This deficiency could affect all residents, staff, and visitors due to the storage of oxygen cylinders exceeding the	K 923	K923 GAS EQUIPMENT-CYLINDER AND CONTAINER STORAGE SS: E CORRECTIVE ACTION IDENTIFIED: Immediate removal on 11/08/22 completed for all "H" type oxygen cylinders that were identified in this deficiency. Facility provided confirmation	

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K 923	Continued From page 8 3000 cubic feet limit in a storage area lacking sufficient safety features. Findings include: During facility survey on 11/8/22 at approximately 11:00 am, revealed that the facility had storage of "H" type oxygen cylinders in excess of 3000 cubic feet in a non-rated room. Findings include: more than 12 "H" oxygen cylinders stored with various types of combustibles, unsecured by chains, and a water heater in the near vicinity. The surveyor had ordered immediate removal of such oxygen cylinders within this general storage room that houses the piped in medical gas manifolds. These findings were verified at the exit conference with the Administrator on 11/8/22 at 11:45 am.	K 923	of this to the Life Safety Surveyor prior to exit. IDENTIFYING OTHER RESIDENTS WHO HAVING POTENTIAL TO BE AFFECTED AND WHAT CORRECTIVE ACTION WILL BE TAKEN: All residents, staff, and visitors have the potential to be affected. Facility-wide inspection of all oxygen storage completed on 11/08/22 to identify other oxygen storage areas that may have been affected by this deficiency, no other areas were identified. MEASURE AND SYSTEMATIC CHANGES TO PREVENT RECURRENCE: All Central Supply, Environmental Services, Nursing and Facility Administration staff will be provided with education on the NFPA 99, Healthcare Facilities Code 2012 edition sections 11.3.1 and 5.1.3.3.2 on the storage of "H" type oxygen cylinders. MONITORING CORRECTIVE ACTION FOR SUSTAINED CORRECTIONS: Assistant Administrator or designee will conduct weekly oxygen storage rounds to visually inspect "H" type oxygen cylinders are stored in accordance with NFPA 99, Healthcare Facilities Code 2012 edition sections 11.3.1. and 5.1.3.3.2 and findings will be submitted to QAPI monthly meeting	

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K 923	Continued From page 9	K 923	x 90 days.	

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E 000	Initial Comments THIS FACILITY MET THE LIFE SAFETY REQUIREMENTS OF APPENDIX "Z"; IN ACCORDANCE WITH CFR 483.73, REQUIREMENT FOR LONG-TERM CARE (LTC) FACILITIES	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/01/2022

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