

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125029</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/30/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SAMUEL MAHELONA MEMORIAL HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4800 KAWAIHAU ROAD KAPAA, HI 96746</b>
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4 000	Initial Comments  A re-licensure survey was conducted by the Office of Health Care Assurance (OHCA) on September 27-30, 2022. The facility was not in compliance with 42 CFR 483 Subpart B. Facility Reported Incidents (FRI) ACTS 9485, 9751 was also investigated and unsubstantiated.  Survey Census: 53 Sample Size: 23	4 000		
4 102	11-94.1-22(d) Medical record system  (d) Records to be maintained and updated, as necessary, for the duration of each resident's stay shall also include:  (1) Appropriate authorizations and consents for medical procedures;  (2) Records of all periods, with physician orders, of use of physical or chemical restraints with justification and authorization for each and documentation of ongoing assessment of resident during use of restraints;  (3) Copies of initial and periodic examinations and evaluations, as well as progress notes at appropriate intervals;  (4) Regular review of an overall plan of care setting forth goals to be accomplished through individually designed activities, therapies, and treatments, and indicating which professional services or individual is responsible for providing the care or service;  (5) Entries describing all care, treatments, medications, tests, immunizations, and all ancillary services provided; and	4 102		11/11/22

Office of Health Care Assurance  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/22/22

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4 102	<p>Continued From page 1</p> <p>(6) All physician's, physician assistant's, or APRN's orders completed with appropriate documentation (signature, title, and date).</p> <p>This Statute is not met as evidenced by: Based on record review, staff interview and review of policy, the facility failed to accurately record the Resident Assessment Instrument (RAI), Minimum Data Set (MDS) Status of one Resident (R)15 of eight residents sampled. As a result of this deficiency, the facility put R15 at risk for further status inaccuracy.</p> <p>Findings include:</p> <p>During review of R15's most recent MDS, Assessment Reference Date 07/19/22, Section 14800 was inaccurately marked as Yes which meant that R15 had Non-Alzheimer's Dementia (eg. Lewy body dementia, vascular or multi-infarct dementia, mixed dementia, frontotemporal dementia such as Pick's disease and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases). Review of R15's current diagnosis showed Anoxic Brain Injury, Epilepsy, Dysphagia, Anemia, Hyperlipidemia, Diabetes, Mood Disorder, Benign Prostatic Hyperplasia ...</p> <p>During staff interview on 09/29/22 at 02:00 PM, MDS Coordinator (MDS Coord) acknowledged that R15 was inaccurately marked as Yes in section 14800 indicating a diagnosis of Non-Alzheimer's Dementia. MDS Coord stated that there was no documentation which would have indicated that R15 had that diagnosis.</p> <p>Review of facility policy on Medical Records,</p>	4 102	<p>1a. Immediately modified R16's MDS for the last two years to remove the dementia diagnosis in section 14800.</p> <p>1b. LTC DON noted that the dementia diagnosis was in the coding summary and contacted the Health Information Management (HIM or Medical Records) Director to ensure that diagnosis for dementia is removed from the residents problem list.</p> <p>2a. All residents have the potential to be impacted by this deficient practice of inaccurately recording the MDS status.</p> <p>2b. RAI Coordinator will monitor the MDS Diagnosis List and the Electronic Medical Record (EMR) Problem List in conjunction with the LTC MD Recertification Assessment to ensure coding is accurate in the MDS.</p> <p>2c. The LTC Medical Director will review the Problem List with his assessment and Recertification notes every 60 days to ensure accuracy between both the EMR Problem List and the Recertification notes.</p> <p>2d. RAI Coordinator is establishing a protocol to use when completing Section I.3 of the MDS to monitor and review the Diagnosis List and Coding for accuracy in consultation with the HIM (Medical Records) Director.</p> <p>3a. RAI Coordinator will monitor and audit</p>	

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4 102	Continued From page 2  Skilled Nursing Facilities, Units, read the following: Purpose, to improve the accuracy, integrity and quality of patient data, ensure minimal variation in coding practices, and improve the quality of the physician documentation within the body of the medical record to support code assignments. Policy ... Procedure, Minimum Data Set (MDS) Completion; the Long-Term Care Head Nurse should establish a protocol for completing Section I.3 of the MDS. This information must be forwarded to the Medical Records Director to provide coding documentation. It is the responsibility of the Medical Records coding staff to assign ICD-9-CM codes for completion of Section I.3. Use the following references when completing Section I.3, HCFA's RAI Version 2.0 Manual, Chapter 3; MDS Items, Section I: Disease Diagnoses.	4 102	the MDS Diagnosis List and the MD's Recertification Assessment every 90 days to ensure accuracy prior to submission. Audits that show discrepancies will be further reviewed to determine accurate Diagnosis Codes with corrections made through consultation with LTC Medical Director and HIM Clinical Documentation Integrity (CDI) Specialist. 3b. RAI Coordinator will report discrepancies to the LTC DON and report findings from audit monthly.  4. LTC DON or designee will report findings from quarterly audits to HPIC for the next three consecutive meetings and/or until 100% compliance is achieved.	
4 174	11-94.1-43(b) Interdisciplinary care process  (b) An individualized, interdisciplinary overall plan of care shall be developed to address prioritized resident needs including nursing care, social work services, medical services, rehabilitative services, restorative care, preventative care, dietary or nutritional requirements, and resident/family education.  This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to develop and implement a Comprehensive Care Plan (CP) for two residents (Residents 20 and 16) in the sample. Resident (R)20's CP did not include resident-specific behavior monitoring for impulse control, nor did it include monitoring for signs of	4 174	Comprehensive Care Plan Resident 20: 1. The care plan was immediately entered on 9/30/22 for R20 with specific tasks to address monitoring for symptoms of tardive dyskinesia (increased tremors and uncontrolled movements of jaw and	11/11/22

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4 174	<p>Continued From page 3</p> <p>tardive dyskinesia (a condition affecting the nervous system causing repetitive, involuntary movements, such as grimacing, tongue thrusting, and eye blinking), despite being treated for both conditions. R16 did not have any careplans to implement that would drive his/her person-centered care to meet goals and preferences and address psychosocial issues that could affect him/her in contact isolation, activities other than watching television, dental issues, unnecessary medications and more.</p> <p>As a result of these deficient practices, both R20 and R16 were placed at risk for a decline in their quality of life and were prevented from attaining their highest practicable well-being. This deficient practice has the potential to affect all the residents at the facility.</p> <p>Findings include:</p> <p>1) Resident (R)20 is a 45-year-old admitted to the facility on 08/17/21 for long-term care. R20's diagnoses include: anaplastic oligodendroglioma (a rare cancerous tumor) of the frontal lobe, seizure disorder, choreoathetosis (a movement disorder that causes involuntary twitching or writhing), and impulse control disorder.</p> <p>On 09/27/22 at 11:31 AM, R20 was observed sitting up in bed feeding herself lunch. Repetitive and involuntary head and mouth movements observed, frequent grimacing, but R20 was able to effectively chew and swallow her food.</p> <p>On 09/28/22 at 01:26 PM, R20 was observed wandering in and out of her room and in and out of the Station 2 entrance. Staff seemed used to R20 walking around unmonitored and no redirection of R20 was observed. R20 was</p>	4 174	<p>tongue) and also monitoring for Depakote side effects (inappropriate touching and increased hyperactivity).</p> <p>2a. This deficient practice has the potential to affect all residents at the facility who are on medications/ treatments requiring symptom/side effect monitoring.</p> <p>2b. Education was completed with the licensed LTC nursing staff to address including targeted behavior monitoring in the Care Plans.</p> <p>2c. Education was also provided to LTC nursing staff on the follow-up necessary to address any uncontrolled symptoms/side effects by notifying the Charge Nurse, LTC DON and Physician.</p> <p>3a. LTC DON or designee will audit all current residents with behaviors to ensure documentation of targeted behavior monitoring is included in their Care Plans. Care Plans will be updated if any deficiencies are found.</p> <p>3b. LTC DON or designee will monitor and audit all new Care Plans to ensure that they include resident specific behaviors, side effects of medication to monitor for and desired outcomes.</p> <p>4. LTC DON or designee will report findings from Care Plan audits to HPIC for 3 consecutive meetings.</p> <p>Resident 16</p> <p>1a. Upon notification that Care Plans were discontinued inadvertently when</p>	

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4 174	<p>Continued From page 4</p> <p>observed with repetitive and involuntary head movements, eye blinking, and tongue thrusting.</p> <p>On 09/30/22 at 09:53 AM, during a review of R20's electronic health record (EHR), a Neurological IPOC (individual plan of care) and a Behavioral Symptoms IPOC were noted. A review of the Neurological IPOC revealed the following:</p> <p>"Outcomes ... No Avoidable Complications from Neurological Disease ... Interventions ... Evaluate ... Neurological Signs ... Judgement ...Med [medication]: Depakote [used for impulse control] ... Vimpat [used to prevent and control seizures] ..."</p> <p>There were no specific examples of complications, neurological signs, judgement, or side effects of medications to monitor for.</p> <p>A review of the Behavioral Symptoms IPOC revealed the following:</p> <p>"Interventions ... Evaluate Usual Time, Duration, and Frequency of Behaviors ... Evaluate Medications for Desired and Adverse Outcomes ...Administer Seroquel [an antipsychotic], Depakote as order ..."</p> <p>There were no specific examples of behaviors, desired or adverse outcomes, or side effects of medications to monitor for.</p> <p>A review of a Psych [Psychiatric] Consult Note, dated 07/29/22, revealed the following: " ... had previously been treated with neuroleptics [antipsychotics] which cause severe TD [tardive dyskinesia] that has been mitigated with starting Ingrezza ... mild tardive tongue protruding</p>	4 174	<p>level of care changed, Care Plans were re-entered for this resident into the EMR.</p> <p>2a. All residents who change level of care during their stay have the potential to be impacted by this deficient practice. 2b. Staff re-educated to verify that Care Plans are in place for every resident. Re-education included on how to renew, enter, modify, and discontinue Care Plans. 2c. Night shift staff is assigned to review Care Plans daily on all residents monitoring for completeness. LTC DON re-educated all night shift staff on importance of reviewing that Care Plans are individualized and accurate for each resident.</p> <p>3a. RAI Coordinator will verify that Care Plans have been entered into the EMR for each resident upon admission and on any level of care change. 3b. Inter-Disciplinary-Group (IDG) will review and discuss any episodic Care Plans three times per week. 3c. LTC DON or designee to monitor and audit that Care Plans are updated and accurate weekly. Audit will be documented on the Care Plan Spreadsheet.</p> <p>4. DON or designee will report findings from quarterly audits to HPIC for the next three consecutive meetings and biannually thereafter.</p>	

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4 174	<p>Continued From page 5</p> <p>movements ... consider uptitration of ingrezza [sic] ... to further improve tardive dyskinesia ..."</p> <p>On 09/30/22 at 10:59 AM, an interview was done with the Director of Nursing (DON) at Station 2. During a concurrent review of R20's CP, the DON agreed that the CP should include specific behaviors to monitor for as targeted behaviors are resident-specific. The DON then confirmed that there was no IPOC or task list to monitor for signs of worsening or improving TD. The DON agreed that without that there was no effective and consistent way to tell if the medication targeting TD should be increased.</p> <p>2) Resident 16 (R)16 is an 71 year old male who has a history of depression, bipolarism and paraplegic.</p> <p>Observation and concurrent interview with R16 on 09/27/22 at 12:30 PM was done. R16 resides in a contact isolation room. R16's Television (TV) is on but R16 is looking up to the ceiling. Interview with R16 who stated that he can't get up because it hurt him when they tried to get him up in the chair and used the sling. I am refusing to go into the sling. Observation of a special chair with pillows on chair in room. Light is turned off. Surveyor noted a heap of things lying on bedside table.</p> <p>Observation and concurrent interview with R16 done on 09/28/22 at 3:26 PM. R16 stated that he had not been up in a while. He was concerned about his teeth and getting dentures. TV was on . R16 is supine. R16 denied having any skin breakdown. R 16 stated he was depressed and wanted something from his things on the side table instead of watching TV. Resident stated that he has been in isolation for one month.</p>	4 174		

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4 174	Continued From page 6  Record review was done on 09/29/22 at 09:49 AM revealed that resident had no careplans on his current electronic record.  Interview with Director of Nursing (DON) and Registered Nurse (RN)1 was done. Queried if there were any care plans for R16. After searching DON and RN1 stated that their were no care plans that had carried on from his previous record.	4 174		
4 175	11-94.1-43(c) Interdisciplinary care process  (c) The overall plan of care shall be reviewed periodically by the interdisciplinary team to determine if goals have been met, if any changes are required to the overall plan of care, and as necessitated by changes in the resident's condition.  This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to update and revise Resident (R)22's care plan in a timely manner. This deficient practice influences the decision making about the resident's care and can affect R22's psychosocial and physical well-being.  Findings include:  Observation was made on 09/28/22 at 09:45 AM for R22. R22 was in bed with lights off. Activities noted in hallway with other residents who are participating in music. Surveyor greeted R22 and resident was in his room with his eyes closed and peeped out at surveyor. After saying hello, R22 stated "I'm sorry, I'm sorry".	4 175	Resident (22) 1. Nursing staff caring for R22 updated the care plan on 9/29/22 to reflect that the resident's wife passed away and her date of passing.  2. All residents who have Care Plan changes during their stay have the potential to be impacted by this deficient practice.  2b. LTC licensed staff were re-educated on the need to revise and/or update Care Plans when changes occur in a timely manner.	11/11/22

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4 175	<p>Continued From page 7</p> <p>Observation on 09/29/22 at 08:09 AM - R22 in bed, lights off, television on and R22 did not respond to surveyor's greeting. R22 was peeping at surveyor.</p> <p>Observation at 09/29/22 at 1:35 PM from Nursing station that investigates R22's bed. R22 was in bed from 08:00 AM till 03:30 PM.</p> <p>Record review (RR) was done of the Minimum Data Set (MDS) dated 07/29/22 on 09/29/22 at 3:10 PM. MDS noted a significant change recognizing that the resident was slowly declining. Further RR was done of the care plan which stated Spends most of the day in the room, watching TV; enjoys UH sports, talks story about fishing; I am so happy that my wife is now here; we eat together in my room for dinner; help me to facetime my family outside of my room along with my wife; using a headset with the IPAD so I don't bother my roommate. Family is important.</p> <p>Interview was done of family member (FM) for R22 on 09/29/22 at 3:30 PM. FM stated that "My mom was in the facility and passed away in this month".</p> <p>Interview was done on 09/29/22 at 3:30 with RN2 regarding R22's care plan. Care plan had not been updated or revised.</p> <p>Observation at 09/29/22 at 1:35 PM from Nursing station that looks into R22's bed. R22 was in bed from 08:00 AM till 03:30 PM.</p> <p>Record review (RR) was done of the Minimum Data Set (MDS) dated 07/29/22 on 09/29/22 at 3:10 PM. MDS noted a significant change recognizing tha the resident was slowly declining.</p>	4 175	<p>3a. Inter-Disciplinary-Group (IDG) will review Care Plans three times per week to make sure that are changes are addressing.</p> <p>3b. RAI Coordinator to monitor and audit that Care Plans are updated and accurate. Audit will be documented on the Care Plan Spreadsheet with findings reported to LTC DON.</p> <p>4. LTC DON or designee will report findings from quarterly audits to HPIC for the next three consecutive meetings and/or until 100% compliance is achieved.</p>	



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4 175	<p>Continued From page 8</p> <p>Further RR was done of the care plan which stated Spends most of the day in the room, watching TV; enjoys UH sports, talks story about fishing; I am so happy that my wife is now here; we eat together in my room for dinner; help me to facetime my family outside of my room along with my wife; using a headset with the IPAD so I don't bother my roommate. Family is important.</p> <p>Interview was done of family member (FM) for R22 on 09/29/22 at 3:30 PM. FM stated that "My mom was in the facility and passed away in this month".</p> <p>Interview was done on 09/29/22 at 3:30 with RN2 regarding R22's care plan. Care plan had not been updated or revised.</p>	4 175		
4 176	<p>1-94.1-43(d) Interdisciplinary care process</p> <p>(d) Implementation of the overall plan of care shall be documented in each resident's medical record.</p> <p>This Statute is not met as evidenced by: Based on observation, interviews and record review, the facility failed to provide an ongoing program to support residents' choices in activities for two (residents)R16 and R22. This deficient practice has the potential to affect the physical, mental, and psychosocial well-being of these two residents and residents who are not able to participate in activities outside of their rooms.</p> <p>Findings include:</p> <p>1) Observation was made on 09/28/22 at 09:45 AM for R22. R22 was in bed with lights off. Activities noted in hallway with other residents</p>	4 176	<p>R16</p> <p>1a. Recreational Aide (RA) saw R16 on 9/30/22 to readdress activity interests.</p> <p>1a. RA worked with R16 to identify activities he enjoys including:</p> <ul style="list-style-type: none"> <li>- Read daily newspaper <input type="checkbox"/> staff were able to obtain reading glasses for him.</li> <li>- Listen to music <input type="checkbox"/> assist him with music selection and listening devices, ensure he is included in music therapy events.</li> <li>- Socialization <input type="checkbox"/> staff are spending longer periods of time in his room talking story and assisting with organizing the</li> </ul>	11/11/22

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4 176	<p>Continued From page 9</p> <p>who are participating in music. Surveyor greeted R22 and resident was in his room with his eyes closed and peeped out at surveyor. After saying hello, R22 stated "I'm sorry, I'm sorry". (Ref F657)</p> <p>Observation and was done on 09/28/22 at 3:09 PM. R22 was lying in bed. Recreational aide (RA)1 was observed to walk by R22's room with a quick glance and continued to walk down the hall.</p> <p>Observation on 09/29/22 at 08:09 AM - R22 in bed, lights off, television on and R22 did not respond to surveyor's greeting. R22 was peeping at surveyor. (Ref 657)</p> <p>Observation at 09/29/22 at 1:35 PM from Nursing station that investigates R22's bed. R22 was in bed from 08:00 AM till 03:30 PM. (Ref 657)</p> <p>Interview with RA1 was done on 09/29/22 at 3:30 PM. Interview with RA1 who was queried regarding what activities are offered to RA1 who does not come out of his/her room and stays in bed all day? RA1 stated that "I don't go into his room because he is always sleeping. I see him sleeping and I don't go in. Surveyor shared that on encounters during this week, it was noted that R22 appears to be sleeping but greeted surveyor and keeps his/her eyes closed upon greeting, as if to peep who is there. RA1 stated that she will go in and talk with R22. He knows my name.</p> <p>2) Observation and concurrent interview with R16 on 09/27/22 at 12:30 PM was done. R16 resides in a contact isolation room. R16's Television (TV) is on but R16 is looking up to the ceiling. Interview with R16 who stated that he can't get up because it hurt him when they tried to get him up in the chair and used the sling. I am refusing to</p>	4 176	<p>clutter in his room under his direction.</p> <p>- Art Therapy <input type="checkbox"/> R16 is very motivated and excited about making a picture collage for his room from pictures that he currently keeps in a suitcase in his room. Staff will assist him.</p> <p>1b. The care plan has been updated to include more resident specific activities.</p> <p>2a. All residents who are unable to freely choose and participate in activities have the potential to be impacted by this deficient practice.</p> <p>2b. Education was provided to the RAs on ways to address 1:1 activities for residents that are bedbound or unwilling to attend group activities.</p> <p>2c. Education also provided on ways to engage residents even if it appears they are sleeping or disinterested.</p> <p>2d. RA and nursing staff discussed ways that nursing can assist RA with getting residents up during activity time to encourage them to come out of room and participate.</p> <p>3a. A new 1:1 Recreational Tracking Log was created to document 1:1 activities offered to residents and their participation in these activities. Education was provided to staff on how to utilize the form.</p> <p>3b. Activity Coordinator (AC) to review 1:1 Recreational Tracking Log weekly to monitor activity participation by bedbound residents/those unwilling to attend group activities and share findings with Interdisciplinary Group.</p> <p>3c. Care Plan will be updated to reflect activity preference and include interventions when lack of participation</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125029</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/30/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SAMUEL MAHELONA MEMORIAL HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4800 KAWAIHAU ROAD KAPAA, HI 96746</b>
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4 176	<p>Continued From page 10</p> <p>go into the sling. Observation of a special chair with pillows on chair in room. Light is turned off. Surveyor noted a heap of things lying on bedside table. (REF 656)</p> <p>Observation and concurrent interview with R16 done on 09/28/22 at 3:26 PM. R16 stated that he had not been up in a while. He was concerned about his teeth and getting dentures. TV was on. R16 is supine. R16 denied having any skin breakdown. R 16 stated he was depressed and wanted something from his things on the side table instead of watching TV. Resident stated that he has been in isolation for one month. (REF 656)</p> <p>Interview was done on 09/29/22 at 11:15 AM with Recreational Aide (RA)1. Queried RA1 what type of activities were being provided from the Recreational Therapy Department for R16. RA1 stated that "We just deliver the paper to him in the afternoons and say hi". We don't usually spend time in his room, just drop off. Surveyor stated to RA1 that R16 had stated that he wanted to reach some of his belongings on the side table, including his computer. RA1 stated that she did not spend time in his room.</p> <p>Interview with social worker (SW) on 09/29/22 at 11:19 AM who stated that she has not seen R16 for a long time. SW stated that she will be revisiting R16 and is trying to get a DVD player for R16.</p> <p>RR and concurrent interview with DON and RN1 was done on 09/29/22 at 11:20 AM. Queried regarding activity careplan for R22. No care plan for activity was available. RN3 stated there was no care plan for R22.</p>	4 176	<p>has been identified.</p> <p>4. AC to report the findings from the 1:1 Recreational Tracking Log to HPIC for 3 consecutive meetings and then biannually thereafter.</p> <p>R22 1a. RA saw R22 on 9/30/22 to readdress activity interests. 1b. Care Plan was updated for R22 to reflect more resident specific activity interests, as well as, activities to encourage resident to get up out of bed and attend the activity program at least 3-5X a week. RAs will work to engage R22 in activities of his interest to improve his quality of life. Family is being encourage to visit more frequently.</p> <p>2a. All residents who are unable to freely choose and participate in activities have the potential to be impacted by this deficient practice. 2b. Education was provided to the RAs on ways to address 1:1 activities for residents that are bedbound or unwilling to attend group activities and also while up in wheelchair. 2c. Education also provided on ways to engage residents even if it appears they are sleeping or disinterested. 2d. RA and nursing staff discussed ways that nursing can assist RA with getting residents up during activity time to encourage them to come out of room and participate.</p> <p>3a. A new 1:1 Recreational Tracking Log was created to document 1:1 activities</p>	

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4 176	Continued From page 11	4 176	<p>offered to residents and their participation in these activities. Education was provided to staff on how to utilize the form.</p> <p>3b. Activity Coordinator (AC) to review 1:1 Recreational Tracking Log weekly to monitor activity participation by bedbound residents/those unwilling to attend group activities and share findings with Interdisciplinary Group.</p> <p>3c. Care Plan will be updated to reflect activity preference and include interventions when lack of participation has been identified.</p> <p>4. AC to report the findings from the 1:1 Recreational Tracking Log to HPIC for 3 consecutive meetings and then biannually thereafter.</p>	
4 220	<p>11-94.1-55(g) Housekeeping</p> <p>(g) All combustible, potentially hazardous, or poisonous agents used for the cleaning of the facility shall be stored in a secured and locked area.</p> <p>This Statute is not met as evidenced by: Based on observations, staff interview, and review of policy the facility failed to secure the Biohazard Room located in the hallway near Nurse Station 2. As a result of this deficiency, the facility put the safety and well-being of the residents of exposure to potentially infectious materials and infectious isolation waste.</p> <p>Findings include:</p> <p>On 09/27/22 at 11:30 AM, the Biohazard Room near Nurse Station 2 was not secured and</p>	4 220	<p>1a. The biohazard door that was found to be unlocked by the surveyor on 9/27/22 at 11:30am was immediately locked to ensure the safety of the residents and staff.</p> <p>1b. Biohazard door was then checked daily by the EVS supervisor to ensure it continued to stay locked.</p> <p>1c. Immediately following the verbal notification of the citation, the Regional Safety Officer sent an email to all staff reminding them of the policy that</p>	11/11/22

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4 220	<p>Continued From page 12</p> <p>several surveyors were able to open the door and enter the room. A keypad lock was installed on the door, but the door was still not secured. The room contained two Biohazard bags of material, a gallon of Neutral Disinfectant Cleaner, one waste container, one basket, and a stair step device.</p> <p>During an observation on 09/27/22 at 01:00 PM, several residents were seen walking by the Biohazard Room with no staff in the immediate vicinity to prevent the residents from entering the room.</p> <p>During staff interview on 09/27/22 at 02:55 PM, Assistant Director of Nursing acknowledged that the Biohazard Room door should have been secured and always kept secured to prevent resident and/or visitor entry.</p> <p>Review of facility policy on Collection, Storage and Disposal of Regulated Waste read the following: Purpose, to prevent the occurrence of infection within the hospital by providing an organized management system for the collection, storage and disposal of regulate waste, potentially infectious materials, and infectious isolation waste. Policy, a regulated waste, potentially infectious materials, and infectious isolation waste must be placed in a red biohazard bag and removed from the patient area to a biohazard labeled receptacles located in a designated locked storage room ... Procedure, each nursing unit will have a designated storage area, which is identified with a biohazard sign, and shall remain locked at all times.</p>	4 220	<p>biohazard doors must be kept locked to help prevent the occurrence of infection within the hospital.</p> <p>2a All Residents that are able to walk independently have the potential to be affected by this deficient practice.</p> <p>2b. To ensure that this does not happen again, a log has been created by the Regional Safety Officer and sent to the LTC DON and the EVS Supervisor. This log is a daily door check that will be spot checked at different times/shifts to ensure the door is always secured.</p> <p>2c. Initially, to ensure that the door remained locked at all times, the inside latch was removed from the lock so that staff could not set the door to remain unlocked.</p> <p>2d. A fire resistant lock, which does not have the ability to be unlocked, was installed on 10/19/22 to replace the door lock.</p> <p>3a. The review of General Safety Policy 122-02-05 and Collection, Storage, and Disposal of Regulated Waste Policy 125-13/122-04-10 were assigned to all LTC and EVS staff through Relias (Learning Management System) to record review and attestation of understanding. Both policies mention that biohazard doors must be locked at all times.</p> <p>3b. Biohazard Door Check Log implemented to track the daily audits. The audits will be done on different shifts each day by either the Regional Safety Officer, EVS Supervisor, of the Charge Nurse.</p> <p>4. Findings from monthly audits will be</p>	

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4 220	Continued From page 13	4 220	reported to HPIC for next 3 consecutive meetings.	