

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2022
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NAME OF PROVIDER OR SUPPLIER MAUNALANI NURSING AND REHABILITATION CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 5113 MAUNALANI CIRCLE HONOLULU, HI 96816
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4 000	Initial Comments A re-licensure survey was conducted by the office of healthcare assurance (OHCA) on 10/14/22. The facility was found not to be in substantial compliance with Hawaii Administrative Rules Title 11 Chapter 94.1 Skilled Nursing facilities.	4 000		
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 summaries of the resident's status recorded, as appropriate, due to changes in the resident's condition, but no less than quarterly; and (3) Ongoing evaluation and monitoring of direct care staff to ensure quality resident care is provided. This Statute is not met as evidenced by: Based on observations, interviews, and record review the facility failed to ensure the comprehensive person-centered care plan was implemented for one (1) of 19 residents sampled.	4 149	1 R69's pain was re-assessed and care plan was updated by the Nursing Operations Manager (NOM). NOM in-serviced staff on R69's individualized	11/4/22

Office of Health Care Assurance LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 11/07/22
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4 149	<p>Continued From page 1</p> <p>R69's care plan was not implemented and the facility failed to monitor the efficacy of R69's pain management regimen. The deficient practice resulted in R69 experiencing unrelieved pain. R69 is at a potential risk for psycho-social harm.</p> <p>Findings Include:</p> <p>Cross reference to F697 Pain Management.</p> <p>R69 was admitted to the facility on 02/16/18 with diagnoses that included unspecified polyneuropathy, unspecified gout, and abrasion of lower back and pelvis.</p> <p>Review of the resident's care plan documents R69 to have pain in her right leg and to be managed with pain medication as needed. The care plan further documents she will be comfortable with current pain regimen. "Tolerable pain level is 3." Interventions include "Administer pain medication as needed for moderate to severe pain ...Assist me to repositioning as needed to maintain proper body alignment for comfort ...Divert attention to interest of activities as tolerated. Encourage me to attend activities ...Monitor pain level daily during care and as needed. Report to Charge nurse when c/o [complains of] pain or s/s [signs and symptoms of pain] noted."</p> <p>On 10/11/22 at 10:11 AM observed R69 in her room sleeping. At 12:04 PM a second observation was done of R69 in her room with her lunch tray in front of her. R69 stated she is in pain and has cramps radiating from her feet to her legs. R69 reported she received routine Tylenol every day, but it is not helping and is experiencing pain all day and night. Inquired if resident spoke to nursing staff, R69 stated she did about two</p>	4 149	<p>plan of care and educated staff on the importance of the implementation of R69's plan of care to maintain the resident's highest practicable well-being.</p> <p>2. Licensed Nurses completed a comprehensive pain assessment for all residents. NOM and Unit Manager (UM) re-evaluated the individual needs for pain management for all residents, updated the plan of care, in-serviced the staff, and audited the implementation of resident's pain care plan. NOM and UM educated staff on reviewing and implementing resident's individualized plan of care if non-verbal or verbal signs of pain is observed during care.</p> <p>3. NOM educated staff to review resident's care plan/kardex and implement resident's individualized plan of care. Staff were also educated on monitoring resident's pain level every shift during care, reporting both verbal and non-verbal signs of pain to the Licensed Nurse, administering pain medications as ordered, and evaluating the effectiveness of pain medication to ensure that the resident's pain is managed.</p> <p>4. A PIP (Performance Improvement Plan) team will be formed to monitor the implementation of resident's plan of care for pain to ensure that pain is managed. Team members of this PIP will review the resident's electronic record for pain monitor documentation, pain assessments, pain medication administration in the eMAR, and progress note documentation for the effectiveness</p>	

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4 149	<p>Continued From page 2</p> <p>weeks ago.</p> <p>Further observations of R69 were made in her room on 10/11/22 at 01:39 PM, 10/12/22 at 08:59 AM and on 10/13/22 at 08:11 AM, 10:41 AM, 11:08 AM, and 12:17 PM verbalizing pain. On 10/12/22 at 08:59 AM Certified Nursing Assistant (CNA) 22 was in the room waiting to provide R69 with care when R69 verbalized pain to this surveyor and wanted medication. This surveyor directed R69's request to CNA22.</p> <p>Review of the physician's orders documented R69 was prescribed Gabapentin Capsule 300 milligrams (mg) give two capsules by mouth three times a day for Neuropathy, Tylenol Tablet 325 mg give two tablets by mouth three times a day for Pain Management for 14 days, and Tylenol Tablet give 650 mg by mouth every 4 hours as needed for mild pain "(pain level 1-3/10)".</p> <p>On 10/13/22 at 10:12 AM interview and concurrent review of R69's electronic medical record (EMR) was done with Director of Nursing (DON). DON explained if medication is not effective, nursing staff should attempt non-pharmacological approaches, and inform the doctor if both pharmacological and non-pharmacological approaches are not effective. DON confirmed R69 has a physician's order for as needed Tylenol for pain. DON also confirmed R69 did not receive Tylenol as needed for mild pain on 10/11/22, 10/12/22, and 10/13/22. Inquired with DON if nursing staff document the effectiveness of routine pain medication, DON stated they should and upon concurrent review of the nursing progress notes confirmed nursing staff did not document the effectiveness of pain medication for the dates reviewed, 10/11/22 and 10/12/22.</p>	4 149	<p>of pain regimen. Performance monitoring will be tracked and will be reported during the monthly QAPI committee meeting.</p>	

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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 observations, interviews, and record review the facility failed to evaluate the effectiveness of regularly scheduled pain medication for one of two residents sampled for pain management. As a result of this deficient practice, Resident (R)69 had unrelieved pain.</p> <p>Findings Include:</p> <p>Cross reference to F656, Develop/ implement comprehensive care plan.</p> <p>R69 was admitted to the facility on 02/16/18 with diagnoses that included unspecified polyneuropathy, unspecified gout, and abrasion of lower back and pelvis.</p> <p>Review of R69's quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 08/28/22, R69's Brief Interview Mental Status (BIMS) scored her at a 15 (cognitively intact).</p> <p>Review of the physician's orders documented R69 was prescribed Gabapentin Capsule 300 milligrams (mg) give two capsules by mouth three times a day for Neuropathy, Tylenol Tablet 325 mg give two tablets by mouth three times a day for Pain Management for 14 days, and Tylenol Tablet give 650 mg by mouth every 4 hours as needed for mild pain "(pain level 1-3/10)".</p> <p>On 10/11/22 at 12:04 PM R69 was observed in her room with her lunch tray in front of her. R69</p>	4 176	<p>1. Licensed Nurse re-assessed R69's pain, updated the Attending Physician, and obtained new orders for pain management. Resident was placed on the alert charting for close monitoring and documentation of pain and the effectiveness of current pain regimen.</p> <p>2. Licensed Nurses completed a comprehensive pain assessment for all residents to identify other residents who may have unmanaged pain. The Attending Physician was updated if pain is not managed with current regimen and the care plan was updated accordingly. Residents were placed on the alert charting for close monitoring and documentation of pain and the effectiveness of current pain regimen.</p> <p>3. Director of Nursing (DON) and Assistant Director of Nursing (ADON) educated staff on the Alert Charting Policy. Staff were in-serviced on utilizing the Alert Charting Flowsheet which is the documentation used to communicate resident's concerns that require monitoring and documentation. Policy indicates that new onset or ineffective pain management is to be added onto the Alert Charting Flowsheet; and Licensed Nurse is to document on pain and effectiveness of pain regimen every shift while awake until</p>	11/4/22

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4 176	<p>Continued From page 4</p> <p>stated she is in pain and has cramps radiating from her feet to her legs. R69 reported she received routine Tylenol every day, but it is not helping and is experiencing pain all day and night. Inquired if resident spoke to nursing staff, R69 stated she did about two weeks ago. During another observation at 01:39 PM, R69 continued to state she was in pain and the medication staff give her is not working and would like a stronger medication to relieve her pain. R69 stated from a scale of 0 to 10 her pain is at a 5.</p> <p>On 10/12/22 at 08:59 AM observed R69 in bed, finished with her breakfast. Certified Nursing Assistant (CNA) 22 was in the room waiting to provide R69 with care. R69 informed this surveyor she has pain on her left side and wanted medication. This surveyor directed R69's request to CNA22.</p> <p>On 10/13/22 at 08:11 AM observed R69 in bed, R69 stated she has muscle pain and needs a strong pain-relieving medication. R69 stated nursing staff keeps giving her Tylenol and Gabapentin but they are not relieving her pain. During a second observation at 10:41 AM, R69 was lying in bed with her eyes closed. R69 stated she received one of her pain medications, but her pain is still bothering her. Inquired if staff ask her if she is experiencing pain when providing care or comes back and checks if her pain has been relieved after taking pain medication, R69 stated staff do not ask her or come back and ask if the pain medication is working. During a third observation at 11:08 AM, R69 was in bed with her eyes closed and stated she continues to have pain in her leg and the pain is starting to "squeeze" the top of her right leg. During a fourth observation at 12:17 PM, R69 stated "the pain seems to be getting worse and the medication did</p>	4 176	<p>resolved. Pain assessment will be completed at the time of admission, quarterly, and as needed to identify and address pain concerns.</p> <p>4. A PIP (Performance Improvement Plan) team will be formed to monitor pain management. Team members of this PIP will review the resident's electronic record for pain monitor documentation, pain assessments, pain medication administration in the eMAR, and progress note documentation.</p>	

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4 176	Continued From page 5 not work. Climbing up to the thigh, they have to find me a stronger one." R69 stated from a scale of 0 to 10 her pain is at a 5. On 10/13/22 at 10:12 AM interview and concurrent review of R69's electronic medical record (EMR) was done with Director of Nursing (DON) and Registered Nurse Manager (RNM) 1. RNM1 stated R69 can verbalize her needs, has pain on her right leg and receives routine medication. DON further stated if medication is not effective, nursing staff should attempt non-pharmacological approaches, and inform the doctor if both pharmacological and non-pharmacological approaches are not effective. Concurrent review of R69's EMR, DON confirmed R69 has a physician's order of as needed Tylenol for pain. DON confirmed R69 did not receive Tylenol as needed for mild pain on 10/11/22, 10/12/22, and 10/13/22. Inquired with DON if nursing staff document the effectiveness of routine pain medication, DON stated they should and upon concurrent review of the nursing progress notes confirmed nursing staff did not document the effectiveness of pain medication for the dates reviewed, 10/11/22 and 10/12/22.	4 176		
4 203	11-94.1-53(a) Infection control (a) There shall be appropriate policies and procedures written and implemented for the prevention and control of infectious diseases that shall be in compliance with all applicable laws of the State and rules of the department relating to infectious diseases and infectious waste. This Statute is not met as evidenced by:	4 203		11/4/22

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4 203	<p>Continued From page 6</p> <p>Based on observations, review of the facility's policy and procedures, and interview with staff members, the facility failed to ensure a contractor, injecting COVID-19 boosters at the facility, demonstrate proper hand hygiene between glove changes while vaccinating the residents. This deficient practice may increase the spread of infections and has the potential to affect the residents who are receiving vaccinations in the facility.</p> <p>Findings Include:</p> <p>On 10/13/22 at 10:38 PM observation and interview with Contractor (C)1 and Health Information Clerk (HIC)4 was done. Observed C1 and HIC4 in Resident (R)17's room as she expressed that she did not want to get the COVID-19 booster. C1 stated he is at the facility to administer COVID-19 boosters to facility staff members and residents. HIC4 stated he is assisting C1 to ensure C1 vaccinate residents who are eligible and consented to the booster.</p> <p>On 10/13/22 at 11:07 AM, during a second observation, observed C1 doff (take off) and don (put on) gloves without hand sanitizing and administering R82 with the booster injection, then continue to doff and don gloves without hand sanitizing between R36 and R35 after administering the COVID-19 injection. Inquired with C1 if he has been hand sanitizing between residents and glove use which C1 confirmed he did not and stated that he did not need to because wearing new gloves was sufficient.</p> <p>On 10/14/22 at 10:14 AM interview with Infection Preventionist (IP) and Director of Nursing (DON) was done. Inquired with IP and DON how the facility ensures visitors or contractors are washing</p>	4 203	<ol style="list-style-type: none"> 1. ADON immediately provided education to the contractor on facility's policy on hand hygiene to prevent the spread of infection. Contractor was observed to perform proper hand hygiene following the provided education. 2. ADON educated other contractors who were at the facility regarding facility's infection control practices such as hand hygiene and proper PPE (personal protective equipment) use. 3. In-serviced staff to educate and correct other contracted staff and/or visitors on facility's infection control practices such as hand hygiene, and proper PPE use to prevent the spread of infection. 4. ADON/IP will audit for proper hand hygiene and PPE use by all staff including contracted staff monthly and will report during the monthly QAPI committee meeting. 	

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4 203	<p>Continued From page 7</p> <p>their hands or hand sanitizing while at the facility, IP and DON stated during rounds staff are asked to remind visitors to wash their hands or hand sanitize. Staff are reminded if they see something is wrong, even with contractors or transporters, the facility is responsible for it. IP and DON confirmed C1 should have been hand sanitizing between residents and glove use. HIC4, who assisted C1 should have known and reminded C1.</p> <p>Review of the facility's policy and procedure (P&P) "Infection Control: HAND HYGIENE" revised on 07/20/22 documents "All staff in the facility are responsible for following hand hygiene policies and procedures including but not limited to Registered Nurses, Nurse Practitioners, Licensed Practical Nurses, Certified Nursing Assistants, Physicians, Physician Assistants, Rehabilitation Therapists, External Consultants, Environmental Services, Dietary Services, paramedics, students and volunteers." The P&P further documents "When to perform hand hygiene: ...Before and after performing and resident care procedure...After touching a resident or their immediate environment...After removing PPE [Personal Protective Equipment] (e.g. [for example] gloves, gown, facemask)..."</p>	4 203		