

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/24/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HILO MEDICAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1190 WAIANUENUE AVENUE HILO, HI 96720</b>
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4 000	Initial Comments  A relicensure survey was conducted by the State Agency (SA), Office of Healthcare Assurance (OHCA) on 10/18/22 to 10/24/22. The facility was not in substantial compliance with Hawaii Administrative Rules, Title 11, Chapter 94.1.  Survey Census: 40 Residents  Sample Size: 13 Residents	4 000		
4 159	11-94.1-41(a) Storage and handling of food  (a) All food shall be procured, stored, prepared, distributed, and served under sanitary conditions.  (1) Dry or staple food items shall be stored above the floor in a ventilated room not subject to seepage or wastewater backflow, or contamination by condensation, leakages, rodents, or vermin; and  (2) Perishable foods shall be stored at the proper temperatures to conserve nutritive value and prevent spoilage.  This Statute is not met as evidenced by: Based on observation and interview, the facility failed to provide meals that were at the desired temperature based on the resident's preferences. As a result of this deficiency, there is the potential to affect the resident's nutritional status, hydrations status, and could expose the residents to food-borne illness and has the potential for harm.  Findings include:  During a Resident Council meeting on 10/19/22	4 159	11-94.1-41(a) STORAGE AND HANDLING OF FOOD (SKILLED NURSING/ICF)  CORRECTIVE ACTION OF RESIDENT IDENTIFIED:  A meeting, which included the Facility Administrator, Assistant Administrator and the Director of Nutrition and Food Services, was held to review the current process and workflow and to discuss	12/16/22

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

TITLE

(X6) DATE  
11/16/22

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4 159	<p>Continued From page 1</p> <p>at 03:10 PM, Resident (R)156 stated the food is often cold. The trays come between 12:00 PM-1:00 PM and many times the food is cold. Another resident, R163, reported the hot food is not always hot and sometimes the cold food is not cold and gave an example of ice cream being completely melted by the time the resident received his/her tray.</p> <p>On 10/20/22 at 11:30 AM, conducted a review of the kitchen. Two (2) kitchen staff were plating the food for the unit's lunch meal. Staff plated and placing the covered plates onto a tray, then into the meal carts (used to transfer the meals from the main hospital to the facility) which were identified as Cart One, Cart Two, and Cart Three.</p> <p>The process of transporting the meal carts from the hospital required the meal carts to be transported one at a time, outside the acute hospital, then down a walkway to the facility via a motorized cart by the kitchen staff. The meal carts were attached directly to the motorized cart for the purpose of transport and did not have internal heating to keep the food warm throughout the transportation process.</p> <p>While in the kitchen at the hospital at 11:30 AM, this surveyor a test tray to be sent down to the facility. A test tray was placed on the bottom of the Cart Two and marked "test tray". When the meal carts arrived at the facility, nursing staff informed the surveyors that the kitchen had sent two (2) test trays instead of one (1). Test tray #1 arrived on the East Unit meal cart and test tray #2 arrived on the South Unit meal cart.</p> <p>At approximately 12:02 PM, meal Cart One and Three arrived at the East Unit, and meal Cart Two was the last to be delivered from the kitchen.</p>	4 159	<p>options for keeping food temperatures stable while in the delivery process from the kitchen to the extended care department. New insulated chargers/bases and plate covers were ordered on 11/15/2022 to help maintain the temperatures during delivery.</p> <p>IDENTIFYING OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED, AND WHAT CORRECTIVE ACTION WILL BE TAKEN:</p> <p>All residents have the potential to be affected by this deficiency.</p> <p>MEASURE AND SYSTEMATIC CHANGES TO PREVENT RECURRENCE:</p> <p>Kitchen staff will be educated about plating food to help maintain food temperature and use of new insulated chargers/bases and plate covers.</p> <p>Facility staff will be educated about the proper passing and serving of trays once delivered.</p> <p>All education to be completed by December 16, 2022.</p> <p>MONITORING CORRECTIVE ACTION FOR SUSTAINED CORRECTIONS:</p> <p>Daily audits of temperature check of a meal will be completed by the Director of Nursing or designee for 30 days, then weekly for 60 days or until 100% compliance is met in order to monitor the</p>	

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4 159	<p>Continued From page 2</p> <p>At 12:24 PM, after the last tray was delivered to the residents, the surveyors removed both test trays from the meal carts and took the internal temperature with a thermometer (provided by the facility) and tasted the food for quality and palatability. The meal consisted of a Char Sui chicken thigh, one scoop of brown rice, green beans (canned), and a bowl of chicken noodle soup.</p> <p>Test Tray (TT) #1 was on the second meal cart delivered to the facility. The temperatures recorded with the internal thermometer documented:</p> <ul style="list-style-type: none"> <li>- Char Sui chicken= 151.0 degrees (°) Fahrenheit (F)</li> <li>- Chicken and rice soup= 148° F.</li> <li>- Taste test identified both dishes tasted "hot" and deemed appropriate by this surveyor.</li> </ul> <p>TT #2 was on the third and last meal cart to arrive at the facility and was delivered to the South Unit. The temperatures recorded with the internal thermometer documented:</p> <ul style="list-style-type: none"> <li>- Char Sui chicken = 121.8° F</li> <li>- Chicken and rice soup was 122.0° F</li> <li>- Taste test identified the food on TT#2 was noticeably cooler than the first TT. The Char Sui chicken tasted "warm" and the Chicken &amp; rice soup tasted "lukewarm". The palatability of this TT was not as enjoyable as TT#1 and could clearly identify with the resident's concerns regarding the temperature(s) of the meals. <p>On 10/20/22 at 1:00 PM, conducted this surveyor spoke to the Kitchen Manager (KM) and reported the internal food temperature and taste test results of the two TTs. KM was informed that</p> </li></ul>	4 159	effectiveness of these changes and to ensure correction is achieved and sustained. The results of this audit will be reviewed in QAPI.	

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4 159	Continued From page 3  there was a difference of 30 degree F between TT#1 and TT#2, validating the resident's report of the "hot" food not being hot and "cold" food not being cold for regular scheduled meals.	4 159		
4 176	1-94.1-43(d) Interdisciplinary care process  (d) Implementation of the overall plan of care shall be documented in each resident's medical record.  This Statute is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure was the comprehensive person-centered care plan (CP) was implemented to maintaining the resident's highest practicable physical well-being for one (1) resident (Resident (R)32) sampled.  Findings include:  Observations were made on 10/18/22 at 1:15 PM, 10/19/22 at 09:25 AM (surveyor #2 also witnessed), and 10/20/22 at 09:55 AM (surveyor #2 also witnessed), of R32 in the day area (in front of the nursing station), unattended (no visible staff in the area), seated in a geri-lounger recliner. R32's feet were elevated in the recliner and the resident's head was reclined down (approximately 45 degrees) in a laying position on the lounger.  On 10/19/22 at 10:12 AM, conducted a record review of R32's Electronic Medical Record (EMR). R32 was admitted to the facility on 12/30/21 with diagnosis that included Dementia with behavioral disturbances, atrial fibrillation, chronic kidney disease, stage 4, and various heart valve insufficiencies. Review of R32's	4 176	1-94.1-43(d)Interdisciplinary care process (Skilled Nursing/ICF)  CORRECTIVE ACTION OF RESIDENT IDENTIFIED:  Resident #32's care plan for falls was updated to include intervention, "I will utilize the geri-lounger over standard wheelchair due to poor trunk control and poor safety awareness. I will have general supervision and occasional personal interaction to reduce risk for falls" as recommended by Physical Therapy on 10/31/2022.  IDENTIFYING OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED, AND WHAT CORRECTIVE ACTION WILL BE TAKEN:  All residents have the potential to be affected by this deficiency.  MEASURE AND SYSTEMATIC CHANGES TO PREVENT RECURRENCE:	12/16/22

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4 176	<p>Continued From page 4</p> <p>admission Minimum Data Set (MDS) with an Assessment Reference Date of 01/06/22, documented a Brief Interview of Mental Status (BIMS) score was 1, indicating R32's cognition was severely impacted. Progress notes documented R32 had multiple falls on:</p> <ol style="list-style-type: none"> <li>1) 02/12/22- Unattended/assisted fall on day shift, out in dayroom, no injury</li> <li>2) 02/14/22- Unattended fall on day shift, hematoma to head</li> <li>3) 03/03/22- Unattended fall on night shift, no injury</li> <li>4) 03/29/22- Unattended fall at 1820- no injury</li> <li>5) 05/20/22- Unattended fall with no injury</li> <li>6) 09/01/22- Unattended fall with skin tear</li> <li>7) 09/27/22- Unattended fall with skin tear</li> <li>8) 10/06/22- Unattended fall with injury (hematoma to left side of head)</li> </ol> <p>Review of Physical Therapy notes written on 02/22/20 at 1:20 PM by Physical Therapy staff (PT)1 documented a physical therapy evaluation was order to treat was received to assess patient status post witnessed fall on 02/12/22. PT recommended for staff to continue to utilize sara lift and geri-chair for trunk support and recline and to provide constant supervision while seated in chair due to occasional agitated and unsafe behaviors.</p> <p>Review of the resident's comprehensive person-centered care plan documented a fall care plan with interventions for visual supervision during morning report, every 30-minute checks, and R32 was on close watch.</p> <p>On 10/21/22 at 09:35 AM, conducted a concurrent record review of R32's EMR and interview with the Director of Nursing (DON).</p>	4 176	<p>The interdisciplinary team will meet post fall to review causal factors and to determine appropriate interventions and update the care plan.</p> <p>The Director of Nursing or designee will be responsible for ongoing compliance.</p> <p><b>MONITORING CORRECTIVE ACTION FOR SUSTAINED CORRECTIONS:</b></p> <p>Post fall huddles and care plans will be reviewed weekly by the Director of Nursing or designee for 90 days or until 100% compliance is met in order to monitor the effectiveness of these changes and to ensure correction is achieved and sustained. The results of this audit will be reviewed in QAPI.</p>	

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4 176	Continued From page 5  Informed the DON of this surveyor's observations of R32 seated in the geri-lounger in the day area with no staff within visible sight of the resident. DON confirmed majority of R32's falls occurred when the resident was seated in the geri-lounger out in the day area and confirmed staff was not always present when the falls occurred. Reviewed R32's CP, Physician Orders, Progress Notes, Post-Fall Reports, and assessments. DON acknowledged this surveyor and surveyor2's observation and stated staff should have been within the line of sight of R32 due to her high risk of falls and the number of falls the resident has had.	4 176		
4 194	11-94.1-46(k) Pharmaceutical services  (k) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.  This Statute is not met as evidenced by: Based on observation and interviews, the facility failed to ensure drugs storage was locked.  Findings include:  On 10/20/22 at 11:03 AM, this surveyor observed a medication cart that was unattended by staff, the top drawer was open, and the medication cart was unlocked. Visitors passed by the open/unlocked medication cart and could have gained access to the medications stored in the cart. At 11:09 AM, Nursing Staff (NS)1 approached the medication cart and confirmed the medication cart should have been locked and the top drawer should have been closed prior to stepping away from the medication cart.	4 194	11-94 1-46(k) Pharmaceutical services (Skilled Nursing/ICF)  CORRECTIVE ACTION OF RESIDENT IDENTIFIED:  Nursing Staff #1 was educated on the medication storage policy.  IDENTIFYING OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED, AND WHAT CORRECTIVE ACTION WILL BE TAKEN:  All residents have the potential to be affected by this deficiency.	12/16/22

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4 194	Continued From page 6  On 10/21/22 at 11:06 AM, shared observation of the medication cart that was unattended, unlocked, with the top drawer open with the Administrator (ADMIN) and the Assistant Administrator (AA). ADMIN and AA confirmed the medication cart should have been locked and drawer closed before stepping away from the medication cart.	4 194	<p><b>MEASURE AND SYSTEMATIC CHANGES TO PREVENT RECURRENCE:</b></p> <p>Education will be provided to all Licensed Nurses on the storage of Drugs and Biologicals by December 16, 2022.</p> <p>The Director of Nursing or designee will be responsible for ongoing compliance.</p> <p><b>MONITORING CORRECTIVE ACTION FOR SUSTAINED CORRECTIONS:</b></p> <p>The Director of Nursing or designee will complete rounds weekly to ensure safe storage of drugs and biologicals. An audit tool will be completed by the Director of Nursing or designee for 90 days or until 100% compliance is met in order to monitor the effectiveness of these changes and to ensure correction is achieved and sustained. The results of this audit will be reviewed in QAPI.</p>	