

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

PRINTED: 10/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/30/2022
NAME OF PROVIDER OR SUPPLIER LEAHI HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3675 KILAUEA AVENUE HONOLULU, HI 96816		
(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 A re-certification survey was conducted by the Office of Health Care Assurance (OHCA) on 09/27/2022 - 09/30/2022. The facility was found not to be in substantial compliance with 42 CFR 483 subpart B. ACTS #9721 was investigated and not substantiated. Survey Dates: 08/30/2022 - 09/02/2022 Survey Census: 99 Sample Size: 20	F 000			
F 577 SS=E	Right to Survey Results/Advocate Agency Info CFR(s): 483.10(g)(10)(11) §483.10(g)(10) The resident has the right to- (i) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and (ii) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies. §483.10(g)(11) The facility must-- (i) Post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility. (ii) Have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility, available for any individual to review upon request; and	F 577			

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

TITLE

(X6) DATE

Electronically Signed

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 577	<p>Continued From page 1</p> <p>(iii) Post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public.</p> <p>(iv) The facility shall not make available identifying information about complainants or residents. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, and record review, the facility 1) failed to provide Resident (R)54 the correct contact information for agencies acting as client advocates, and 2) failed to post the correct contact information for the Office of the Ombudsman on three (3) of four (4) units. This deficiency has the potential to affect residents' and residents representatives' right to contact these agencies.</p> <p>Findings include:</p> <p>1) On 09/27/22 at 10:54 AM, conducted an interview with Resident (R)54 in the resident's room. R54 stated he/she want to make several complaints to the Office of Health Care Assurance (OHCA) and the Ombudsman regarding the facility but was not given the correct phone numbers. R54 stated he/she told the staff multiple times the phone numbers that were provided was wrong and dismissed his/her initial complaints. Eventually, R54 was able to get in touch with a social worker and reported the phone number for OHCA was not working. R54 stated when the social worker returned, the phone number for OHCA and the Oahu Long-Term Care Ombudsman had been changed.</p> <p>On 09/30/22 at 08:00 AM, conducted a review of R54's Electronic Health Record (EHR). Review of the resident's quarterly Minimum Data Set</p>	F 577			

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F 577	<p>Continued From page 2</p> <p>(MDS) with an Assessment Reference Date (ARD) of 07/28/22 documented R54's Brief Interview for Mental Status (BIMS) score was 15, indicating the resident is cognitively intact.</p> <p>On 09/29/22 at 09:45 AM, R54 provided two (2) Leahi Hospital Welcome Handbooks to this surveyor that he/she had received from social work staff. In the first handbook (updated 10/21/21), R54 documented the email address for the Oahu LTC Ombudsman was outdated and the phone number for OHCA was incorrect:</p> <p>Oahu Long-Term Care Ombudsman Ombudsman (OMB)2 Phone: 808-797-8055 Email: ltc.ombudsman4oahu@gmail.com</p> <p>Department of Health Office of Health Care Assurance Skilled Nursing Facility (808)692-7240</p> <p>The second handbook (updated 10/21/22, correction date was not changed) that R54 received documented the phone number listed for OMB2 was changed to OMB1's phone number, OMB2's email was updated to the correct information, and OHCA's phone number was corrected.</p> <p>Oahu Long-Term Care Ombudsman OMB2 Phone: 808-586-7268 Email: jomel.duldulao@doh.hawaii.gov</p> <p>Department of Health Office of Health Care Assurance Skilled Nursing Facility (808)692-7420</p>	F 577			

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F 577	<p>Continued From page 3</p> <p>On 09/29/22 at 12:38 PM, conducted an interview with Social Worker (SW)1 and SW3 in the conference room regarding the Welcome Handbook that was provided to R54. SW1 and SW3 confirmed the OHCA phone number provided in the first Welcome Handbook was not correct and the revision date on the second handbook given was not changed to reflect the date the information was updated. OMB2 was contacted via email by the surveyor at ltc.ombudsman4oahu@gmail.com. OMB2 replied and stated the email address was changed in March 2022 to jomel.duldulao@doh.hawaii.gov.</p> <p>2) On 09/30/22 at 4:00 PM, Surveyor (SV)1 conducted observations on all units and reviewed contact information provided for advocate agencies. On the unit's information board, a form titled, "Notice Reporting Reasonable Suspicion of a Crime in a Long-Term Care Facility (LTC)" were posted on three (3) of four (4) units. The notice documented the phone number for the Office of the Ombudsman as (808) 587-0770. On 10/06/22 at 09:35 AM, this surveyor called the phone number and was informed that the phone number was for the Ombudsman for the State of Hawaii's Executive Office and does not have jurisdiction over LTC facilities. The employee stated that they have received calls from family members of residents in LTC facilities and they are unable to assist them with their complaints.</p>	F 577			