STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	125064		12/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARENCE TC CHING VILLAS AT ST FRANCIS	2230 LILIHA STREET HONOLULU, HI 96817

(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 recertification survey was conducted by the Office of Healthcare Assurance on December 9, 2022. The facility was found not to be in compliance with 42 CFR §483 Subpart B. One facility reported incident ACTS 9429 was investigated under 42 CFR §483.15 Notice before transfer and found to be not in compliance. Highest S/S = D. Survey dates: December 6 to 9 2022. Census: 62 Sample: 16	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).	F 656		12/27/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		12/27/2022

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F 656	Continued From page 1 (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, interview with staff, and record review the facility failed to include the oxygen humidifier for Resident (R) 61 and a Continuous Positive Airway Pressure (CPAP) machine for R41 in the residents' comprehensive care plan. Findings Include: 1) During an observation of R61's room on 12/06/22 at 11:13 AM, observed an oxygen humidifier attached to the oxygen concentrator used by R61.	F 656	1. Resident # 41's care plan was updated to reflect use of the C-pap. Resident # 61's care plan was updated to reflect the use of the humidifier bottle with oxygen administration. 2. Facility residents have the potential to be affected by this alleged practice. 3. DON and/or designee inserviced licensed nursing staff on comprehensive care planning. Inservices will be ongoing as needed. Current residents' care plans were reviewed by DON and / or designee for compliance and updated as needed.	

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F 656	Continued From page 2 On 12/08/22 at 2:47 PM concurrent review of R61's Electronic Health Record (EHR) and interview with Unit Manager (UM) 3 was done. UM3 stated residents that need oxygen may have a humidifier if the resident complains about dryness or irritation, and a nurse assessment should include if a humidifier is needed. Concurrent review of R61's EHR, UM3 confirmed the EHR had no documentation of the oxygen humidifier, no documentation that the nurse assessed R61 and would benefit from an oxygen humidifier, no documentation the resident complained of dryness or irritation, and confirmed the oxygen humidifier was not included in R61's comprehensive care plan. On 12/09/22 at 12:01 PM concurrent review of R61's EHR and interview with Director of Nursing (DON) was done. DON stated the oxygen humidifier should be care planned and confirmed R61's care plan does not include oxygen humidifier 2) During an observation of R41's room on 12/06/22 at 10:00 AM, there was a CPAP machine at bedside. R41 stated that she needed the CPAP machine every night when sleeping to help her with breathing. A review of the comprehensive care plan for R41 read the following: Resident would not exhibit signs of respiratory distress (restlessness, wheezing, dyspnea, difficulty with expectoration, diaphoresis, crackles, bubbling, tachycardia, cyanosis, decreased breath sounds) ... There was no mention of the CPAP machine that was needed every night when sleeping.	F 656	4. DON and/or designee will monitor compliance with comprehensive care planning through medical record auditing weekly for a minimum of 12 weeks or until compliance is achieved. Results of the audits will be brought to the monthly QAPI meeting for review and recommendations monthly for a minimum of 3 months or until compliance is achieved	

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F 656	Continued From page 3 On 12/08/22 at 10:25 AM, the Unit Manager (UM4) was queried about including the CPAP machine in the comprehensive care plan and acknowledged that it should have been included because R41 uses the machine every night when sleeping. Review of facility policy on comprehensive care plan read the following: Policy, it is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. Policy Explanation and Compliance Guidelines, 3. The comprehensive care plan will describe, at a minimum, the following ... f. Resident specific interventions that reflect the resident's needs and preferences and align with the resident's cultural identity, as indicated.	F 656		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to provide resident	F 684	1. Resident # 61 was monitored for bowel protocol need going forward without	12/27/22

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F 684	Continued From page 4 centered needed care for Resident (R) 61. The facility did not follow the physician ordered bowel regimen for R61 for constipation. Findings include: R61 was admitted to the facility on 11/14/22 for therapy services. On 12/06/22 at 11:14 AM during observation and interview with R61, a physician came in R61's room and as the physician asked R61 if he remembered the last time he had a bowl movement, Registered Nurse (RN) 33 came in R61's room and stated R61 had a bowel movement yesterday, 12/05/22, but prior to yesterday did not have a bowel movement for days. Review of R61's physician's order for R61's bowel regimen prior to 12/05/22 includes prune juice for no bowel movement in two days and milk of magnesia (MOM) 30 milliliters (ml) for no bowel movement in three days. Both interventions were ordered on admission on 11/14/22. A review of the resident's output for November and December 2022, noted R61 had a small bowel movement on 11/28/22, and no bowel movement from 11/29/22 to 12/04/22. During a review of the medication administration record (MAR) for November and December 2022 could not find documentation that the physician ordered bowel regimen prescribed was implemented. Interview and concurrent record review was done with Unit Manager (UM) 3 on 12/08/22 at 1:05 PM. UM3 confirmed R61's output record indicated R61 did not have a bowel movement for	F 684	further incident. DON and/or designee inserviced the nurses involved with resident # 61's care regarding monitoring bowel movements and the bowel protocol. Inservices will be ongoing as needed. 2. Facility residents have the potential to be affected by this alleged practice. 3. DON and/or designee inserviced licensed nursing staff on monitoring BMs and the bowel protocol. Inservices will be ongoing as needed. Current residents' were reviewed by DON and / or designee for compliance and treated as needed. Unit managers will review bowel reports daily to ensure protocols are implemented as needed. 4. DON and/or designee will monitor compliance through medical record auditing weekly for a minimum of 12 weeks or until compliance is achieved. Results of the audits will be brought to the monthly QAPI meeting for review and recommendations monthly for a minimum of 3 months or until compliance is achieved.	

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F 684	Continued From page 5 six days (11/29/22 to 12/04/22) and there was no documentation in the MAR or progress notes that R61 was offered and/or refused interventions. UM3 explained if R61 received the physician ordered regimen he would have had prune juice on 11/30/22 and MOM on 12/01/22. Review of the facility's "Bowel Protocol" dated 03/25/22 documents "Facility to promote regular bowel movements (BM) and ensure appropriate management of residents who are at risk for constipation." The Bowel Protocol includes: "...Prune juice 120ml by mouth for no BM x2 days...MOM 30ml by mouth for no BM x3 days...Dulcolax suppository 10mg [milligrams] rectally if no results from MOM by a.m....Fleets enema 1 bottle rectally, if no results from Dulcolax suppository by a.m....Notify MD [physician] if no results from enema and as needed"	F 684		
F 693 SS=D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and	F 693		12/27/22

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F 693	Continued From page 6 §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based on observation and interview with staff members the facility failed to provide the appropriate treatment and services to prevent potential complications of enteral tube-feeding (TF) for Resident (R) 36, the TF tubing and formula was not labeled. As a result of this deficient practice, the facility placed all residents who are on enteral nutrition at risk for avoidable infections and complications. Findings Include: On 12/07/22 at 08:33 AM an observation of R36 at bedside was done. Observed R36's TF formula and TF administration set (tubing) were not labeled with the date and time they were hung. At 08:43 AM, Director of Nursing (DON) was observed to go in R36's room, inquired with DON if the TF formula and TF tubing were labeled, DON confirmed they were not. On 12/08/22 at 08:40 AM interview with Unit Manager (UM) 3 was done. Inquired with UM3 the expectation she has of staff when preparing residents' TF, UM3 stated "...as soon as you prepare, you should be labeling and dating because the formula is only good for 24 hours. It is to ensure you replace the tubing and bag daily." UM3 explained that R36's TF formula and TB tubing is replaced at the same time and only	F 693	1. Resident # 36's tube feeding was replaced and tubing / bag labeled as needed. DON inserviced the nurses involved in resident # 36's care regarding appropriate labeling of tube feeding. Inservices will be ongoing as needed. 2. Residents with tube feeding have the potential to be affected by this alleged practice. 3. DON and/or designee inserviced licensed nursing staff on labeling tube feeding. Inservices will be ongoing as needed. Current residents' were reviewed by DON and / or designee for compliance and labeling updated as needed. 4. DON and/or designee will monitor compliance through observations on rounds weekly for a minimum of 12 weeks or until compliance is achieved. Results of the audits will be brought to the monthly QAPI meeting for review and recommendations monthly for a minimum of 3 months or until compliance is achieved.	

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F 693	Continued From page 7 labeling the TF formula with the date and time is needed but labeling both TF formula and TF tubing would be better. On 12/09/22 at 12:05 PM interview with DON was done. DON confirmed R36's TF formula and TF tubing should have been labeled.	F 693		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on observation, interview and policy review, the facility failed to provide antibiotic therapy to one resident (R)18 of two in the sample, at the time the medication was to be administered or within the acceptable time parameter for administration. R18 has a history of multi drug-resistant organisms (MRDO) that are common bacteria that are resistant to multiple types of antibiotics. The deficient practice places the resident at risk for recurrent infection that may directly impact the ability for R18 to receive an implanted knee joint. Findings include: On 12/06/22 at 2:15 PM surveyor interviewed R18 who stated he had a long list of problems that started when he was in an accident and got in a head on collision with a semi-truck. R18 explained that since than he has had three knee operations on his left leg with pins. Now he is here at the facility after the last surgery which removed his knee joint due to an infection in his	F 760	1. Resident # 18 continued on his antibiotics without further incident. DON inserviced the nurses involved in resident # 18's care regarding timeliness of antibiotic administration. Inservices will be ongoing as needed. 2. Residents on antibiotics have the potential to be affected by this alleged practice. 3. DON and/or designee inserviced licensed nursing staff regarding administering antibiotics and medications in general within assigned time parameters. Inservices will be ongoing as needed. Current residents' on antibiotics were reviewed by DON and / or designee to ensure compliance with timeliness of medication administration. 4. DON and/or designee will monitor compliance with timely medication administration through medical record audits weekly for a minimum of 12 weeks or until compliance is achieved. Results of	12/27/22

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F 760	Continued From page 8 knee. He pointed to the IV pole and said I'm getting Antibiotics in my PIC line (intravenous access) that's supposed to be given every 8 hours, but it's usually an hour or two late. I only have one more chance to get a knee joint and have a surgery scheduled this coming January. The doctor told me that if I have any infection at all I won't be able to get the knee joint, and this is my last chance. The nurse came in to administer the medication, looked at the surveyor and said I'll come back later. 15 minutes later at 2:30 PM the nurse came back and administered the medication. Electronic medical record reviewed on 12/09/22 at 09:47 AM. R18 has the following included in his diagnosis: Aftercare following explanation (removal) of knee joint prosthesis, infection, and inflammatory reaction due to internal left knee prosthesis, subsequent encounter. Strep Group A. Medication administration record reviewed. Cefazolin (antibiotic) in 0.9 percent (%) sodium chloride solution; two gram/100 milliliters (ml); intravenous (IV) every 8 hours. Diagnosis (DX): Infection and inflammatory reaction due to internal left knee prosthesis, Start 11/18/2022 to 12/17/2022. Times listed on the Medication administration record (MAR) are 00:00; 08:00; 1600. Reviewed the Medications administration History: 11/18/2022 to 12/09/2022. On 11/30/2022 08:56 Comment: Previous IV soln (sp) was initiated at approx. 2218, later than ordered schedule hence withheld this. On 11/30/2022 scheduled time 08:00 Comment noted at 09:01 Given earlier than scheduled to meet ordered parameter in between IV	F 760	the audits will be brought to the monthly QAPI meeting for review and recommendations monthly for a minimum of 3 months or until compliance is achieved.	

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F 760	Continued From page 9 administration from previous. On 12/05/2022 scheduled time 20:00 comment noted at 2335; administered late. 12/09/22 10:07 AM Interview with the infection preventionist and asked why the IV medication had not been given consistently, according to the MAR. She concurred with SA that it is important that the IV antibiotic be given on time and consistently since he has the knee surgery scheduled for January and he must be infection free. Policy reviewed on 12/09/22 at 12:00 PM titled Administering Medications 2001 med-pass, Inc. (Revised December 2012). Policy Interpretation and Implementation 3. & 4. Medications must be administered in accordance with the orders, including any required time frame. Medications must be administered within one (1) hour of their prescribed time, unless otherwise specified. 20. As required or indicated...administering the medication will record in the resident's medical record: a. The date and time the medication was administered...	F 760		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals	F 761		12/27/22

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F 761	Continued From page 10 §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations and interview with staff members, the facility failed to ensure two medication carts were kept locked. No medications were taken by residents, visitors, or staff but the potential for more than minimal harm exists. Findings Include: On 12/06/22 at 12:07 PM, observed an unlocked and unattended medication cart in the hallway and observed a visitor in the hallway. At 12:09 PM Registered Nurse (RN) 31 was observed to return to the medication cart. Inquired with RN31 if the medication cart is unlocked, RN31 confirmed it was unlocked and confirmed it should have been locked. On 12/07/22 at 08:46 AM, observed an unlocked and unattended medication cart near the elevators in the hallway. Observed various staff members walk past the unlocked mediation cart.	F 761	1. RN # 31 was inserviced regarding locking of medication and treatment carts by the DON. Inservices will be ongoing as needed. 2. Facility residents have the potential to be affected by this alleged practice. 3. DON and/or designee inserviced licensed nursing staff on securing medication and treatment carts. Inservices will be ongoing as needed. Unit managers will monitor medication and treatment carts on their daily rounds for compliance and address noncompliance with nurses as needed 4. DON and/or designee will monitor compliance through observations on rounds weekly for a minimum of 12 weeks or until compliance is achieved. Results of the audits will be brought to the monthly QAPI meeting for review and recommendations monthly for a minimum of 3 months or until compliance is	

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F 761	Continued From page 11 One staff member used the trash bin attached to the unlocked medication cart, and another staff member used the alcohol-based hand sanitizer on top of the medication cart. At 08:50 AM observed a nurse holding a clear cup filled with unidentifiable clear liquid pass the unlocked medication cart and ask another staff member if they had seen a resident. At 08:55 AM observed Infection Preventionist (IP) walk past the cart and then observed IP lock the medication cart as she quickly walked past it for the second time. IP confirmed the medication cart was unlocked and it was supposed to be locked. On 12/08/22 at 08:40 AM interview with Unit Manager (UM) 3 was done. UM3 stated medication carts should be locked as soon as the assigned nurse walks away from the cart, even if the assigned nurse is nearby.	F 761	achieved.	