

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125064</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/09/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLARENCE TC CHING VILLAS AT ST FRANCIS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2230 LILIHA STREET HONOLULU, HI 96817</b>
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4 000	Initial Comments  A relicensure survey was conducted by the Office of Healthcare Assurance on December 9, 2022. The facility was not in substantial compliance with requirements at Hawaii Administrative Rules, Title 11 Chapter 94.1 Skilled Nursing Services. An initial licensing survey was conducted exclusively for the second floor to include 44 additional beds for a total of 207 licensed beds.	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 observation, interview with staff, and	4 149	1. Resident # 41's care plan was	12/27/22

Office of Health Care Assurance LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>12/27/22</b>
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4 149	<p>Continued From page 1</p> <p>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.</p> <p>Findings Include:</p> <p>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.</p> <p>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.</p> <p>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</p> <p>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</p>	4 149	<p>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.</p> <p>2. Facility residents have the potential to be affected by this alleged practice.</p> <p>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.</p> <p>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.</p>	

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4 149	<p>Continued From page 2</p> <p>the CPAP machine every night when sleeping to help her with breathing.</p> <p>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.</p> <p>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.</p> <p>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.</p>	4 149		
4 193	<p>11-94.1-46(j) Pharmaceutical services</p> <p>(j) Medication errors and drug reactions shall be recorded in the resident's chart and reported</p>	4 193		12/27/22

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4 193	<p>Continued From page 3</p> <p>immediately to the physician, physician assistant, or APRN who ordered the drug, and a medication error report shall be prepared and given to the administrator of the facility or director of nursing for review and appropriate action, according to facility policy.</p> <p>This Statute 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.</p> <p>Findings include:</p> <p>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 then 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 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</p>	4 193	<ol style="list-style-type: none"> <li>1. Resident # 18 continued on his antibiotics without further incident. DON inserviced the nurses involved in resident # 18's care regarding antibiotic administration. Inservices will be ongoing as needed.</li> <li>2. Residents on antibiotics have the potential to be affected by this alleged practice.</li> <li>3. DON and/or designee inserviced licensed nursing staff regarding administering antibiotic. Inservices will be ongoing as needed. Current residents' on antibiotics were reviewed by DON and / or designee for compliance.</li> <li>4. DON and/or designee will monitor compliance through medical record audits 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.</li> </ol>	

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4 193	<p>Continued From page 4</p> <p>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.</p> <p>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 administration from previous. On 12/05/2022 scheduled time 20:00 comment noted at 2335; administered late.</p> <p>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</p>	4 193		

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4 193	Continued From page 5  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.	4 193		
4 195	11-94.1-46(l) Pharmaceutical services  (l) All drugs, including drugs that are stored in a refrigerator, shall be kept under lock and key, except when authorized personnel are in attendance. The facility shall be in compliance with all security requirements of federal and state laws as they relate to storerooms and pharmacies.  This Statute 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	4 195	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	12/27/22

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4 195	<p>Continued From page 6</p> <p>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.</p> <p>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 medication cart. 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.</p> <p>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.</p>	4 195	<p>carts on their daily rounds for compliance and address noncompliance with nurses as needed</p> <p>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.</p>	