

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

PRINTED: 08/21/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/15/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE CARE CENTER OF HONOLULU</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1900 BACHELOT STREET HONOLULU, HI 96817</b>		
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F 583 SS=D	<p>Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii)</p> <p>§483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.</p> <p>§483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>§483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(h)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Resident #415</p>	F 583			

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

TITLE

(X6) DATE

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 583	Continued From page 1 Privacy 08/12/24 09:22 AM Interview with R415. Sometimes when the staff is changing me or the other resident, they pull the curtain exposing me to either the other resident in the room or the hallway.  08/13/24 09:04 AM When resident is being changed often. Yesterday a couple of times. My neighbor and people in the hallway can see me.  08/13/24 09:16 AM Observation was made. R415 resides in a room with three beds. R415 is in the first bed, the bed nearest to the door. CNA went to provide care to another resident in the room. Grabbed a section of the curtain that was near R415's side and pulled it to provide privacy to the other resident, CNA did not adjust the other curtain to provide privacy for R415 therefore exposing resident to hallway passer by. Resident likes to just lay in her gown because she gets hot. Resident grabbed a napkin to cover between her legs.  08/13/24 09:36 AM Gabrielle CNA. Agreed that she should have adjusted the curtains to provide resident with privacy.  08/13/24 03:29 PM DON 08/13/24 03:30 PM 08/13/24 03:31 PM What we do is close the door. The CNA should have closed the door.  R415 is a 66-year-old female admitted to the facility on 08/09/2024.	F 583			
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)  §483.10(i) Safe Environment.	F 584			

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F 584	<p>Continued From page 2</p> <p>The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p>	F 584			

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F 584	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: FACILITY</p> <p>Dining Observation During dining observations on 08/12/24 at 11:55 AM, residents meals remained on plastic trays while twelve residents ate lunch in the 1st floor dining room.</p> <p>Based on observation and interview, the facility failed to ensure a homelike environment by decreasing an institutional characteristic of not removing resident meals on trays after serving residents in the dining room.</p> <p>Findings include:</p> <p>2) On 08/12/24 at 12:19 PM, observed five residents in a common dining room area eating their lunch with meals underneath a meal tray, not removed when served.</p> <p>A second observation was done on 08/14/24 at 08:10 AM, observed three residents in a common dining room area eating their lunch with meals underneath a meal tray, not removed when served.</p> <p>On 08/15/24 at 11:27 AM, an interview with Registered Nurse (RN) 40 was done. Inquired if RN40 eats on meal trays when at home, he stated he does not but uses a place mat. Further inquired if he does not use meal trays when eating at home, would it be a homelike environment for residents in the dining room to eat with meal trays, RN40 stated " ...it would seem it would not."</p>	F 584			

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F 584	Continued From page 4	F 584			
F 585 SS=G	<p>Grievances CFR(s): 483.10(j)(1)-(4)</p> <p>§483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.</p> <p>§483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.</p> <p>§483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.</p> <p>§483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights</p>	F 585			

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F 585	Continued From page 5 contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect,	F 585			

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F 585	<p>Continued From page 6</p> <p>abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;</p> <p>(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by: Resident #31</p> <p>FTag Initiation 08/15/24 08:15 AM Review of Doreen Ching's personnel file- 07/26/24 Resident reported a concern of getting his pain meds late and RN was loud and didn't have a good attitude No formal warning and/or training provided to employee prior. She received phone educations</p>	F 585			

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F 585	<p>Continued From page 7</p> <p>Review of Zeriusus Marcellus Ries personnel file</p> <p>In the personnel file the only documentation of investigation was a "Timeline of Events 7/31/24"</p> <p>CNA's Andres, Funny Nothing was mentioned by Funny on 07/31/24 night shift regarding the incident; CNA; Javar Marife CNA- Marife did not report anything related to incident on 07/31/24 night shift; Raymond Siwa Registered nurse- Per conversation with Raymond. CNAs or resident did not report anything regarding the incident on 07/31/24- , Jane Stubbert- night shift supervisor- I do not recall anything reported to me from any of the CNAs or license nurses working on 07/31/24 night shift regarding a concern about turning the temperature up for one of the residents.</p> <p>Disciplinary Action Notice: Date form completed: 08/01/24, ZR refused to sign on 08/02/24</p> <p>Review of the EHR Census: 8/2/2024 -Wellcare Medicare Advantage SNF N Active RC UNK1 FBFD Unit 2 1st 120-2 Semi Private 7/18/2024 -Wellcare Medicare Advantage SNF N Active RC UNK1 FBFD Unit 4 2nd 220-2 Semi Private 7/12/2024 -Wellcare Medicare Advantage SNF Y Active AA UNK1 FBFD VCU 1st 109 -1 Semi Private</p> <p>08/15/24 09:37 AM Interview with Admin and Assistant Admin- Administrator stated there are forms available for use but are not required use it, unsure of when Lehua chooses to use it When ever there is a grievance I have the mangers</p>	F 585			



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F 585	Continued From page 8	F 585			
F 609 SS=D	<p>Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Resident #31</p>	F 609			

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F 609	<p>Continued From page 9</p> <p>Abuse 08/15/24 08:15 AM Review of Doreen Ching's personnel file- 07/26/24 Resident reported a concern of getting his pain meds late and RN was loud and didn't have a good attitude No formal warning and/or training provided to employee prior. She received phone educations</p> <p>Review of Zeriusus Marcellus Ries personnel file</p> <p>In the personnel file the only documentation of investigation was a "Timeline of Events 7/31/24"</p> <p>CNA's Andres, Funny Nothing was mentioned by Funny on 07/31/24 night shift regarding the incident; CNA; Javar Marife CNA- Marife did not report anything related to incident on 07/31/24 night shift; Raymond Siwa Registered nurse- Per conversation with Raymond. CNAs or resident did not report anything regarding the incident on 07/31/24- , Jane Stubbert- night shift supervisor- I do not recall anything reported to me from any of the CNAs or license nurses working on 07/31/24 night shift regarding a concern about turning the temperature up for one of the residents.</p> <p>Disciplinary Action Notice: Date form completed: 08/01/24, ZR refused to sign on 08/02/24</p> <p>Review of the EHR Census: 8/2/2024 -Wellcare Medicare Advantage SNF N Active RC UNK1 FBFD Unit 2 1st 120-2 Semi Private 7/18/2024 -Wellcare Medicare Advantage SNF N Active RC UNK1 FBFD Unit 4 2nd 220-2 Semi Private 7/12/2024 -Wellcare Medicare Advantage SNF</p>	F 609			

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F 609	<p>Continued From page 10</p> <p>Y Active AA UNK1 FBFD VCU 1st 109 -1 Semi Private</p> <p>08/15/24 09:37 AM Interview with Admin and Assistant Admin- Administrator stated there are forms available for use but are not required use it, unsure of when Lehua chooses to use it When ever there is a grievance I have the mangers follow up: When was this written up : as soon as this was written, DON gather from jane- this is Jane stating P&amp;P for investigations.</p> <p>08/12/24 10:06 AM During an interview with the resident, he stated that there was a black male staff upstairs who was harassing him. He stated that he informed management about it and the staff was instructed to not enter the resident's room or have contact with the resident. R31 stated that after he told management bout feeling harassed, the staff came into his room and asked the resident if there was a problem. R31 reportedly then asked to be moved rooms and away from this staff. He stated the night he was moved he had a violent dream which is unusual for him and he was fighting in his dream. R31 stated he thinks that the violent dream he had stemmed from his interaction with the male staff. Inquired about what types of interaction he had with the staff. R31 stated that he would use the call light to ask for help and he thinks he was using the call light too much. Anytime he needed to have the AC turned off or needed his urinal empty, this male staff would be upset with him and wasn't nice. He stated that once the staff told him, "What the fuck do you want now" in response to R31 activating his call light.</p>	F 609			

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F 609	<p>Continued From page 11</p> <p>08/14/24 11:10 AM, conducted a concurrent interview and record review with the Assistant Administrator and Administrator.</p> <p>08/14/24 01:48 PM This is the first time SS is hearing about it, she was on leave at that time and Jon is her boss and she is going to follow up on it.</p> <p>08/14/24 01:49 PM Interview with the DON in her office. hear it during the clinical meeting, assist with grievance and JON starts the grievance process. Following up with the staff member and interview the resident. When did you meet with R31? 1) 7/25/24- RN Doreen contacted with poor customer service education and use relias and depending on severity 1st time counseling contact RN and hear from resident, R31 was on Unit 4 (220-2) at this time 1:1 education, phone call mentioned concerns did not request unit representation and understood customer service, 1:1 phone education DON and administrator signs and goes into HR and f/u is audited. Any issues with Doreen, at times reminder that her voices travels, she is naturally a loud person.</p> <p>2) 07/31/24 report written JON, Lehua found out about this, CNA had poor customer service, mentioned during morning meet, Contacted staff member delivered phone education with Z contacted the union rep and had the meeting on 08/02/24 with HR present, was accompanied by another CNA at that time. The union rep, Jim mentioned about customer service and facility delivered education based on what is presented with staff and other staff members working with him,, no further concern and it was closed.</p>	F 609			

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F 609	Continued From page 12 Before speaking to Z addressed it with the resident, regarding what happened, and what the nurse manager did, Jane Stubbert Nurse manager. The other CNA who was working with Z- Mary Fay Javar and Funny Andres CNAs does not recall who was in the room. Have there been other complaints related to Z CNA, Resident who have a certain preferences with having care because of his race and different cultural, cultural competency, no other resident expressed fear of this staff, no. Z is a float and mention with JIM that the intervention is to reassign Z from that unit and follow up with other resident, It was stated that Z wants to apologize, DON Administrator, HR, and ask residents if they are open to communication staff are not to go alone. No request was made to speak to the resident. The room change request was done on 08/02/24.  Did Z work on 08/01/24? DON reviewed worked schedule and Z did not work on 08/01/24.  08/01/24 union representation HHH was present he had Jim present on 08/02/24.  08/14/24 03:00 PM SANG stated she spoke with R31 and the resident expressed fear of staff Z retaliation. Resident stated that either the staff gets fired or the resident gets transferred to another facility because the resident is fearful .	F 609			
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(2) Have evidence that all alleged	F 610			

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F 610	<p>Continued From page 13 violations are thoroughly investigated.</p> <p>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Resident #31</p> <p>Abuse 08/15/24 08:15 AM Review of Doreen Ching's personnel file- 07/26/24 Resident reported a concern of getting his pain meds late and RN was loud and didn't have a good attitude No formal warning and/or training provided to employee prior. She received phone educations</p> <p>Review of Zeriusus Marcellus Ries personnel file</p> <p>In the personnel file the only documentation of investigation was a "Timeline of Events 7/31/24"</p> <p>CNA's Andres, Funny Nothing was mentioned by Funny on 07/31/24 night shift regarding the incident; CNA; Javar Marife CNA- Marife did not report anything related to incident on 07/31/24 night shift; Raymond Siwa Registered nurse- Per conversation with Raymond. CNAs or resident did not report anything regarding the incident on</p>	F 610			

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F 610	<p>Continued From page 14</p> <p>07/31/24- , Jane Stubbert- night shift supervisor- I do not recall anything reported to me from any of the CNAs or license nurses working on 07/31/24 night shift regarding a concern about turning the temperature up for one of the residents.</p> <p>Disciplinary Action Notice: Date form completed: 08/01/24, ZR refused to sign on 08/02/24</p> <p>Review of the EHR Census: 8/2/2024 -Wellcare Medicare Advantage SNF N Active RC UNK1 FBFD Unit 2 1st 120-2 Semi Private 7/18/2024 -Wellcare Medicare Advantage SNF N Active RC UNK1 FBFD Unit 4 2nd 220-2 Semi Private 7/12/2024 -Wellcare Medicare Advantage SNF Y Active AA UNK1 FBFD VCU 1st 109 -1 Semi Private</p> <p>08/15/24 09:37 AM Interview with Admin and Assistant Admin- Administrator stated there are forms available for use but are not required use it, unsure of when Lehua chooses to use it When ever there is a grievance I have the mangers follow up: When was this written up : as soon as this was written, DON gather from jane- this is Jane stating P&amp;P for investigations.</p> <p>08/12/24 10:06 AM During an interview with the resident, he stated that there was a black male staff upstairs who was harassing him. He stated that he informed management about it and the staff was instructed to not enter the resident's room or have contact with the resident. R31 stated that after he told management bout feeling</p>	F 610			

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F 610	<p>Continued From page 15</p> <p>harassed, the staff came into his room and asked the resident if there was a problem. R31 reportedly then asked to be moved rooms and away from this staff. He stated the night he was moved he had a violent dream which is unusual for him and he was fighting in his dream. R31 stated he thinks that the violent dream he had stemmed from his interaction with the male staff. Inquired about what types of interaction he had with the staff. R31 stated that he would use the call light to ask for help and he thinks he was using the call light too much. Anytime he needed to have the AC turned off or needed his urinal empty, this male staff would be upset with him and wasn't nice. He stated that once the staff told him, "What the fuck do you want now" in response to R31 activating his call light.</p> <p>08/14/24 11:10 AM, conducted a concurrent interview and record review with the Assistant Administrator and Administrator.</p> <p>08/14/24 01:48 PM This is the first time SS is hearing about it, she was on leave at that time and Jon is her boss and she is going to follow up on it.</p> <p>08/14/24 01:49 PM Interview with the DON in her office. hear it during the clinical meeting, assist with grievance and JON starts the grievance process. Following up with the staff member and interview the resident. When did you meet with R31? 1) 7/25/24- RN Doreen contacted with poor customer service education and use relias and depending on severity 1st time counseling contact RN and hear from resident, R31 was on Unit 4 (220-2) at this time 1:1 education, phone call mentioned concerns did not request unit</p>	F 610			



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F 610	<p>Continued From page 16</p> <p>representation and understood customer service, 1:1 phone education DON and administrator signs and goes into HR and f/u is audited. Any issues with Doreen, at times reminder that her voices travels, she is naturally a loud person.</p> <p>2) 07/31/24 report written JON, Lehua found out about this, CNA had poor customer service, mentioned during morning meet, Contacted staff member delivered phone education with Z contacted the union rep and had the meeting on 08/02/24 with HR present, was accompanied by another CNA at that time. The union rep, Jim mentioned about customer service and facility delivered education based on what is presented with staff and other staff members working with him,, no further concern and it was closed. Before speaking to Z addressed it with the resident, regarding what happened, and what the nurse manager did, Jane Stubbert Nurse manager. The other CNA who was working with Z- Mary Fay Javar and Funny Andres CNAs does not recall who was in the room. Have there been other complaints related to Z CNA, Resident who have a certain preferences with having care because of his race and different cultural, cultural competency, no other resident expressed fear of this staff, no. Z is a float and mention with JIM that the intervention is to reassign Z from that unit and follow up with other resident, It was stated that Z wants to apologize, DON Administrator, HR, and ask residents if they are open to communication staff are not to go alone. No request was made to speak to the resident. The room change request was done on 08/02/24.</p> <p>Did Z work on 08/01/24? DON reviewed worked schedule and Z did not work on 08/01/24.</p>	F 610			

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F 610	Continued From page 17 08/01/24 union representation HHH was present he had Jim present on 08/02/24.  08/14/24 03:00 PM SANG stated she spoke with R31 and the resident expressed fear of staff Z retaliation. Resident stated that either the staff gets fired or the resident gets transferred to another facility because the resident is fearful .	F 610			
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g)  §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Resident #56  Pressure Ulcer/Injury 08/13/24 09:00 AM FRIABLE, SACRUM, STAGE III PRESSURE INJURY - Cleanse w WOUND CLEANSER, pat dry, apply, BAZA every day shift for Wound Care for 14 Days [W1] Indicate status to surrounding skin (I)ntact (E)rythmatous (M)acerated *[W2] Assess for s/sx of infection or other complication (+) Complication noted, notify MD (-) No complication noted AND as needed for Soiled or displaced for 14 Days Other Active 8/5/2024 13:46 8/20/202  RR skin & wound evaluation dated 08/12/2024. Stage 3 to sacrum. present on admission. 0.1 cm h 0.3 cm L 0.2 cm W no undermining or depth. No tunneling. Goal of Care Slow to heal. wound healing is slow or stalled but stable, little/no deterioration. generic wound cleanser with foam dressing. Addt'l care Heel suspension/ protection device; nutrition/ dietary supp. Turning/	F 641			

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F 641	Continued From page 18 repositioning program. MD notified.  MDS reviewed 07/18/2024. R56 does not have an unhealed pressure ulcer. (MDS discrepancy). MDS discharge return anticipated reviewed 04/24/24. R56 has a stage 3 pressure ulcer not present on admission.  08/15/24 12:30 PM Interview with Ashlyn, she works with him, they put the hand splints on him and do passive ROM with him 3-5 days a week.	F 641			
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)  §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary	F 657			

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F 657	<p>Continued From page 19</p> <p>team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by: Resident #126</p> <p>Activities of Daily Living 08/12/24 02:15 PM 08/12/24 02:08 PM I used to walk pretty well before I came here. I can walk, they put a belt around me. It would be nice if I could get up when I want to. 08/12/24 02:00 PM I came over here and I was in decent shape. The mattress is really bad, the metal frame caused my bed sores. 3 weeks ago I went to Straub for an ultrasound of the heart, which was pretty good.</p> <p>Record Review (RR).</p> <p>MDS quarterly with ARD of 10/20/2024 R126 was able to walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns with Supervision or touching assistance.</p> <p>Primary diagnosis was heart failure; Septicemia; wound infection. Anxiety disorder; COPD; respiratory failure; Pressure ulcer of sacral region, unstageable; Acute and chronic respiratory failure with hypoxia; other intervertebral disc degeneration, lumbar region; Attention deficit hyperactivity disorder; other abnormalities of gait and mobility.</p> <p>Pain presence and pain medication, Frequent pain and occasionally effect sleep. interferes with therapy activities and frequently affects day to day activities; Pain rated at moderate level.</p>	F 657			

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F 657	<p>Continued From page 20</p> <p>Resident has a pressure ulcer; unhealed stage 3 and stage 4, present upon admission.</p> <p>MDS quarterly 01/18/2024. Two stage 4 pressure ulcers present on admission.</p> <p>MDS Quarterly 04/11/2024. One stage 4 pressure ulcer present.</p> <p>Care plan dated 07/15/2023 reviewed. R126 has stage 4 PU to sacrum; stage 3 PU to the left heel; has stage 4 PU to right ischial tuberosity.</p> <p>Stage IV to sacrum - POA - will show signs of healing without complications through the next review date. 6/7/2024 Lynne Colpo</p> <p>8/10/2024 01:28 Infection Note Data: Wound noted to have deteriorated on 8/2 where last week resident was in his wheelchair exceeding 4 hours. Noted with green drainage and foul odor. Hoffman, NP requested for wound culture, results returned with +2 Pseudomonas Aeruginosa susceptible to ciprofloxacin. Action: Wound culture also notes no VRE present as other wound cultures. Discussed with Dr. Scott. Response: Ok to remove from contact isolation, continue enhanced barrier precautions due to historically Dr. Pien mentioning resident colonized with VRE. Nursing</p> <p>08/13/24 03:06 PM observations. When asked if he can walk he said I can but I need help. I can go on the bedside commode pretty good. I needed to go this morning and the nurse came in and said he had to get the Aide, then the Aide came in and said he needed to go get help and left. When asked if he gets up to walk in the hall</p>	F 657			

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F 657	Continued From page 21 with the restorative aide, he wasn't sure who the restorative aid is. I think I might know who that is. Surveyor asked R126 if the Aides are getting him up in the chair? He said, well, my wheelchair disappeared, it might be over there. They moved it a week ago. If I had a walker it would be helpful, but the therapist take them out and don't bring them back.  help. 08/15/24 12:27 PM Interview with Ashlynn, the RNA, I've been working with the therapist who's working with him, Shaun, who worked with him yesterday, and he will refer him to me soon. on a good day, 50% on not so good day 75 to 100%. I think they are working with him on getting up to walk or in a wheelchair.	F 657			
F 676 SS=D	Activities Daily Living (ADLs)/Mntn Abilities CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii)  §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:  §483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ...  §483.24(b) Activities of daily living. The facility must provide care and services in	F 676			

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F 676	<p>Continued From page 22</p> <p>accordance with paragraph (a) for the following activities of daily living:</p> <p>§483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care,</p> <p>§483.24(b)(2) Mobility-transfer and ambulation, including walking,</p> <p>§483.24(b)(3) Elimination-toileting,</p> <p>§483.24(b)(4) Dining-eating, including meals and snacks,</p> <p>§483.24(b)(5) Communication, including</p> <p>(i) Speech,</p> <p>(ii) Language,</p> <p>(iii) Other functional communication systems.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Resident #126</p> <p>Activities of Daily Living 08/12/24 02:15 PM 08/12/24 02:08 PM I used to walk pretty well before I came here. I can walk, they put a belt around me. It would be nice if I could get up when I want to. 08/12/24 02:00 PM I came over here and I was in decent shape. The mattress is really bad, the metal frame caused my bed sores. 3 weeks ago I went to Straub for an ultrasound of the heart, which was pretty good.</p> <p>Record Review (RR).</p> <p>MDS quarterly with ARD of 10/20/2024 R126 was able to walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns with Supervision or touching assistance.</p>	F 676			

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F 676	<p>Continued From page 23</p> <p>Primary diagnosis was heart failure; Septicemia; wound infection. Anxiety disorder; COPD; respiratory failure; Pressure ulcer of sacral region, unstageable; Acute and chronic respiratory failure with hypoxia; other intervertebral disc degeneration, lumbar region; Attention deficit hyperactivity disorder; other abnormalities of gait and mobility.</p> <p>Pain presence and pain medication, Frequent pain and occasionally effect sleep. interferes with therapy activities and frequently affects day to day activities; Pain rated at moderate level.</p> <p>Resident has a pressure ulcer; unhealed stage 3 and stage 4, present upon admission.</p> <p>MDS quarterly 01/18/2024. Two stage 4 pressure ulcers present on admission.</p> <p>MDS Quarterly 04/11/2024. One stage 4 pressure ulcer present.</p> <p>Care plan dated 07/15/2023 reviewed. R126 has stage 4 PU to sacrum; stage 3 PU to the left heel; has stage 4 PU to right ischial tuberosity.</p> <p>Stage IV to sacrum - POA - will show signs of healing without complications through the next review date. 6/7/2024 Lynne Colpo</p> <p>8/10/2024 01:28 Infection Note Data: Wound noted to have deteriorated on 8/2 where last week resident was in his wheelchair exceeding 4 hours. Noted with green drainage and foul odor. Hoffman, NP requested for wound culture, results returned with +2 Pseudomonas Aeruginosa susceptible to ciprofloxacin.</p>	F 676			



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

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F 676	Continued From page 24 Action: Wound culture also notes no VRE present as other wound cultures. Discussed with Dr. Scott. Response: Ok to remove from contact isolation, continue enhanced barrier precautions due to historically Dr. Pien mentioning resident colonized with VRE. Nursing  08/13/24 03:06 PM observations. When asked if he can walk he said I can but I need help. I can go on the bedside commode pretty good. I needed to go this morning and the nurse came in and said he had to get the Aide, then the Aide came in and said he needed to go get help and left. When asked if he gets up to walk in the hall with the restorative aide, he wasn't sure who the restorative aid is. I think I might know who that is. Surveyor asked R126 if the Aides are getting him up in the chair? He said, well, my wheelchair disappeared, it might be over there. They moved it a week ago. If I had a walker it would be helpful, but the therapist take them out and don't bring them back.  help. 08/15/24 12:27 PM Interview with Ashlynn, the RNA, I've been working with the therapist who's working with him, Shaun, who worked with him yesterday, and he will refer him to me soon. on a good day, 50% on not so good day 75 to 100%. I think they are working with him on getting up to walk or in a wheelchair.	F 676			
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3)  §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited	F 688			

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F 688	<p>Continued From page 25</p> <p>range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and</p> <p>§483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>§483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Resident #218</p> <p>Position, Mobility 08/12/24 02:33 PM has a contracture to her left arm. 08/12/24 02:35 PM 08/12/24 02:34 PM on her back. Trapeze in place on the bed, when asked if she can use this, she moaned and shook her head no.</p> <p>Record review of the MDS: Resident has an impairment on one side of her upper body (left side). Resident has an impairment on her lower part of her body on both sides. Dependent in toileting and showering.</p> <p>Care plan reviewed.</p> <ul style="list-style-type: none"> <li>• ADL The resident has an ADL self-care performance deficit r/t medical comorbidities Date Initiated: 02/19/2024 Revision on: 02/19/2024 Allergies Diagnosis Facility Resident Name Last Care Plan Review Completed: Goal Interventions</li> <li>• Alert LN to any significant changes (decline or</li> </ul>	F 688			

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F 688	Continued From page 26 improvement) in resident's ability to participate, perform, or complete ADL task. Date Initiated: 02/19/2024 • Resident will have bathing, dressing, and grooming needs met as evidenced by lack of unpleasant body odors and a neat and clean appearance daily through next review. Date Initiated: 02/19/2024 Target Date: 10/27/2024 • Resident will improve ability to perform upper body tasks from dependent to limited assist after working with therapy by the time of discharge. Date Initiated: 03/11/2024 Target Date: 10/27/2024 • Assist with clothing according to weather and resident's wishes. Provide with a clean gown on day and evening shifts if resident is not getting dressed into street clothes. Date Initiated: 03/11/2024 • Bathe or shower resident at least 2 x week - or as requested - see shower schedule. Offer bed bath if unable to tolerate shower or refuses shower. If bath is refused, alert LN. Resident has no preference whether shower or bath, or days/ times. Date Initiated: 03/11/2024 Revision on: 03/11/2024 • Educate and remind resident to use call light for assistance. Staff to address pain, position, personal care and personal items prior to leaving the resident's bedside. Educate resident/family in use of call light and remind them to call when needing assistance. Keep room clutter free. Date Initiated: 03/11/2024 Revision on: 03/11/2024 • Encourage participation and self-performance in ADL's to encourage self-worth, as resident is able to maintain independence and autonomy, and praise efforts, while providing assist as needed Date Initiated: 03/11/2024 • Inspect, clean, and trim nails on shower days PRN, as resident allows. Alert LN if resident Date Initiated: 03/11/2024 • May have dental, vision & eye health, hearing, and podiatry consults as needed Date Initiated: 03/11/2024 • Provide or assist with	F 688			

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F 688	Continued From page 27 oral cares BID, in the am and at HS. If at risk for dysphagia, perform oral cares after every meal as well. Date Initiated: 03/11/2024 Position CNA RNA CNA RNA CNA RNA CNA RN CNA RNA CNA RNA LPN RN CNA RNA • Provide warm cloth to wash face, and brush hair QAM, and provide oral cares in the am and HS. No Known Allergies D.O.B. 06/11/1970 Physician CNA RNA Robert Gries Freq/Resolved ESSENTIAL (PRIMARY) HYPERTENSION(I10), HYPERLIPIDEMIA, UNSPECIFIED(E78.5), DEPRESSION, UNSPECIFIED(F32.A), RESTLESS LEGS SYNDROME(G25.81), OBESITY, UNSPECIFIED(E66.9), HEMIPLEGIA AND HEMIPARESIS ...See last page for a complete listing of the Resident's diagnoses The Care Center of Honolulu Seleni, Michelle (10700) Signature 07/29/2024 Admission Date Date Name 02/18/2024 Signature Location Unit 2 132 2 Date Page 8 of 28 Seleni, Michelle (10700)Focus • ADL The resident has an ADL self-care performance deficit r/t medical comorbidities Date Initiated: 02/19/2024 Revision on: 02/19/2024 Allergies Diagnosis Facility Resident Name Last Care Plan Review Completed: Goal Interventions Date Initiated: 03/11/2024 Revision on: 03/11/2024 • PT, OT therapy or referral as ordered Date Initiated: 03/11/2024 • Talk to resident while setting-up and performing cares, and explain your actions Date Initiated: 03/11/2024 • Talk to resident while setting-up and performing cares, and explain your actions Date Initiated: 02/19/2024 • Task segmentation as needed, and provide verbal and tactile cues PRN during ADL's, allowing sufficient time to perform tasks. Date Initiated: 03/11/2024 • Encourage the resident to discuss feelings about self-care deficit prn. Date Initiated: 02/19/2024 No Known Allergies D.O.B. 06/11/1970 Physician	F 688			

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F 688	<p>Continued From page 28</p> <p>Position LPN CNA RNA CNA RNA LPN RN CNA RN LPN</p> <p>The resident has impaired mobility r/t medical comorbidities. Date Initiated: 02/19/2024 Revision on: 02/19/2024 Allergies Diagnosis Facility Resident Name Last Care Plan Review Completed: Goal Interventions • Alert LN significant changes to any in resident's ability to participate, perform, or complete mobility tasks. • The resident will remain free of complications related to immobility, including contractures, thrombus formation, skin-breakdown, fall related injury through the next review date. Date Initiated: 02/19/2024 Target Date: 10/27/2024 • Resident has partial bed rails/ bed canes to use in order to assist with repositioning and allowing her as much independence as possible. Date Initiated: 02/19/2024 • Educate and remind resident to use call light for assistance. Staff to address pain, position, personal care and personal items prior to leaving the resident's bedside. Educate resident/family in use of call light and remind them to call when needing assistance. Keep room clutter free. Date Initiated: 02/19/2024 • Encourage resident to use partial bed rails/bed canes to assist with repositioning. Date Initiated: 02/19/2024 • OOB with hoyer tx at 1030 daily per request from family Date Initiated: 05/10/2024 Position CNA RNA CNA RNA CNA NA • Resident to be up, out of bed, in wheelchair every day by 11 am. Staff to use hoyer lift to get her up and assist into wheelchair. Resident to eat lunch in wheelchair. Date Initiated: 02/19/2024 Target Date: 10/27/2024 • Resident will be able to perform rolling from side to side in bed improving from dependent to supervision after working with therapy by the time of discharge. Date Initiated: 03/11/2024 Target Date: 10/27/2024 Date</p>	F 688			

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F 688	Continued From page 29 Initiated: 03/05/2024 • Up to wheelchair daily at 10:30 am, until lunch time (use HOYER) Date Initiated: 04/03/2024 • Use gait belt with all transfers. Date Initiated: 03/25/2024 • Encourage and/or assist resident to turn approximately every 2 hours when in bed during the waking hours, as needed and as they allow Date Initiated: 02/19/2024 • Encourage the resident to participate in activities that promote exercise, physical activity for strengthening and improved mobility. Encourage resident to attend activities. Date Initiated: 02/19/2024 • Maintain proper body alignment when in bed and/or wheelchair with use of pillows Date Initiated: 02/19/2024 Revision on: 02/19/2024 • Talk to resident while setting-up and performing cares, and explain your actions. Date Initiated: 02/19/2024 RNA CNA RNA CNA RNA CNA RNA LPN RN CNA RNA CNA RNA CNA RNA CNA RNA • Up in chair as indicated on Out of Bed Schedule, as resident is able and/or willing. CNA No Known Allergies D.O.B. 06/11/1970 Physician Robert Gries Freq/Resolved D ESSENTIAL (PRIMARY) HYPERTENSION(110), HYPERLIPIDEMIA, UNSPECIFIED(E78.5), DEPRESSION, UNSPECIFIED(F32.A), RESTLESS LEGS SYNDROME(G25.81), OBESITY, UNSPECIFIED(E66.9), HEMIPLEGIA AND HEMIPARESIS ...See last page for a complete listing of the Resident's diagnoses The Care Center of Honolulu Seleni, Michelle (10700) Signature 07/29/2024 Admission Date Date Name 02/18/2024 Signature Location Unit 2 132 2 Date Page 10 of 28 Seleni, Michelle (10700)Focus Position Freq/Resolved Interventions Goal • The resident has impaired mobility r/t medical comorbidities. Date Initiated: 02/19/2024 Revision on: 02/19/2024 Resident to be up in w/c at 1030. Date Initiated: 02/19/2024	F 688			

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F 688	<p>Continued From page 30</p> <p>Revision on: 03/05/2024 RNA • Monitor/document/report PRN any s/sx of immobility: contractures forming or worsening, thrombus formation, skin-breakdown, fall related injury. Alert provider as needed. Date Initiated: 02/19/2024 LPN RN • Provide gentle range of motion as tolerated with daily care. Date Initiated: 02/19/2024 CNA LPN RN</p> <p>Orders reviewed. Transfer Bars: Positioning assistance and medical condition. No directions specified for order. Other Active 7/23/2024</p> <p>Monitor the number of times resident refusing to get out of bed using hoyer. (#)of refusals (B)ehaviors: 1=crying 2=fatigue 3= loss of interest 4=verbalized refusing to get out of bed via hoyer. (I)nterventions: 1=redirection 2=reassurance 3=medication 4=other, see progress note (O)utcome: I-improved got out of bed via hoyer, S=continues to refuse to get out of bed U=unable to tell every shift Other Active 5/29/2024 15:00 5/29/2024</p> <p>Up to wheelchair daily at 10:30 am and have patient up in wheelchair until lunch time (use HOYER) one time a day Other Active 4/4/2024 10:30 4/3/2024</p> <p>Nursing staff:</p> <p>How much assistance does the resident need to perform her ADL's.</p> <p>How often is the resident getting out of bed? Is she supposed to be getting up every day?</p>	F 688			

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F 688	Continued From page 31  How do you ensure the care and treatment for the resident to improve or maintain her mobility is being done?  08/15/24 12:29 PM with Ashlyn, the RNA stated, she's working with outside rehab, I can get the information for you.	F 688			
F 726 SS=D	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c)  §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71.  §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.  §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.  §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and	F 726			



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F 726	<p>Continued From page 32</p> <p>techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interviews, and record review, the facility failed to ensure that staff implemented specific competencies necessary for resident safety. This deficient practice has the potential for harm.</p> <p>Findings include:</p> <p>On 08/14/24 at 09:00 AM, while waiting to check a medication cart on Unit 4, observed RN Johannah Caruz dispose of a pill in the trash located on the side of the medication cart, the pill landed on the top of other trash and was visible and accessible to anyone passing the medication cart. . Asked RN how does she dispose of unused medication, RN stated she was not sure. Inquired about the medication she disposed of in the trash on the side of the medication cart. RN stated she would have to check on how she was supposed to dispose of that medication. RN confirmed the pill she disposed of is an Aspirin 81 mg tablet, which was visible and accessible to residents, just as Guy Hashimoto R140 independently wheeled himself past the medication cart.</p> <p>08/14/24 09:20 AM requested the medication disposal P&amp;P with the Assistant Administrator.</p> <p>08/15/24 12:20 PM Conducted an interview with Christa Unit Manager- informed her of my observation of staff disposing of a medication in the trash on the medication cart. Christa confirmed disposal on non-controlled medication</p>	F 726			

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F 726	Continued From page 33 should be in the sharps or another closed system. and should have not been disposed of in the trash on the medication cart.	F 726			
F 732 SS=E	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4)  §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.  §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.  §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.  §483.35(g)(4) Facility data retention	F 732			

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

PRINTED: 08/21/2024  
FORM APPROVED  
OMB NO. 0938-0391

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F 732	<p>Continued From page 34</p> <p>requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: FACILITY</p> <p>Sufficient and Competent Nurse Staffing Based on observations and interviews, the facility failed to ensure daily staff posting are clear.</p> <p>Findings include:</p> <p>On 08/13/24 at 10:55 AM, conducted observations of daily staff posting at the entrance of the building and on all four (4) units. Daily staff posting is posted on a board which contains the employee clock in time and</p> <p>08/13/24 12:23 PM On all four units the staff postings are written on a whiteboard set at the back of each nursing station. In a prominent place readily accessible to residents and visitors.</p> <p>On 08/15/24 at 11:37 AM inquired with FM of Reynaldo Arcalas R138- confirmed she does know where the staffing ratio or survey results are located. At 11:40 AM inquired with Cresente Vegara's FM if he knew where the survey results and staffing ratio is located, FM did not know.</p> <p>COMPETENCY On 08/14/24 at 09:00 AM, while waiting to check a medication cart on Unit 4, observed RN Johannah Caruz dispose of a pill in the trash located on the side of the medication cart, the pill landed on the top of other trash and was visible</p>	F 732			

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

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F 732	Continued From page 35 and accessible to anyone passing the medication cart. . Asked RN how does she dispose of unused medication, RN stated she was not sure. Inquired about the medication she disposed of in the trash on the side of the medication cart. RN stated she would have to check on how she was supposed to dispose of that medication. RN confirmed the pill she disposed of is an Aspirin 81 mg tablet, which was visible and accessible to residents, just as Guy Hashimoto R140 independently wheeled himself past the medication cart.  08/14/24 09:20 AM requested the medication disposal P&P with the Assistant Administrator.  08/15/24 12:20 PM Conducted an interview with Christa Unit Manager- informed her of my observation of staff disposing of a medication in the trash on the medication cart. Christa confirmed disposal on non-controlled medication should be in the sharps or another closed system. and should have not been disposed of in the trash on the medication cart.  2) On 08/12/24 at 08:24 AM, during an initial observation of Unit 3, the daily nursing staffing posting with total number and actual hours worked per shift for nursing staff responsible for resident care was not found.	F 732			
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)  §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in	F 755			

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

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F 755	<p>Continued From page 36</p> <p>§483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: FACILITY</p> <p>Medication Storage and Labeling 08/14/24 08:27 AM Unit 4 medication cart checked. No issues found. 08/14/24 07:49 AM</p> <p>Unit 4 Cart Signatures are missing for 08/14/24 0700. no signatures from outgoing and incoming shifts. Gina RN said it should have been signed</p>	F 755			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 755	Continued From page 37 earlier with outgoing nurse.  observed both nurses signing at 08/14/24 07:57 AM Gazzel RN outgoing nurse.  After you give report you count the narcotics and initial and sign it. Since I was the only nurse. I wasn't able to initial right away. Supposed to but I needed to go to the bathroom. I couldn't have her wait. I was only the one nurse for 42. 1 nurse and 3 CNA's.  A review of the facility policy titled, "Controlled Substances," with a revised date of 04/2019 was conducted. The policy documented, "Controlled substances are reconciled upon, administration, disposition, and at the end of each shift...Upone Receipt...Both individuals sign the controlled substance record of receipt."	F 755			
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5)  §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.  §483.45(c)(2) This review must include a review of the resident's medical chart.  §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug.	F 756			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 756	<p>Continued From page 38</p> <p>(ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.</p> <p>(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure the physician, the facility's medical director, and/or director of nursing acted upon irregularities the pharmacist reported during the monthly medication regimen review (MRR) for two of five residents sampled (Resident (R) 67 and R110). The attending physician did not document in the medical record the identified irregularities had been reviewed and document the rationale for the no change in medications.</p> <p>Findings include:</p> <p>Review of the facility's policy and procedure "Medication Regimen Reviews" revised in May</p>	F 756			

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F 756	<p>Continued From page 39</p> <p>2019, documented "The attending physician documented in the medical record that the irregularity has been reviewed and what (if any) action was taken to address it ...Copies of medication regimen review reports, including physician responses, are maintained as part of the permanent medical record."</p> <p>1) During review of the R67's Electronic Health Record (EHR), under the pharmacist note in the progress notes, the pharmacist documented for MRR 07/31/24 to see report. Review of documented MRRs uploaded in the resident's EHR found the MRR for 07/31/24 was not uploaded in the EHR. Review of hard chart at the nurse's station found the MRR 07/31/24 was not in the file.</p> <p>On 08/14/24 at 08:57 AM, an interview with Director of Medical Records (DMR) was done. Inquired where the facility keeps residents' MRR. DMR reported it would be uploaded in the EHR or put in a binder. DMR was observed to look for the binder at the nurse's station but was not able to locate it. DMR further stated she will have to look for it in the medical records office.</p> <p>On 08/15/24 at 09:25 AM, an interview and concurrent record review was done with DMR. Review of R67's MRR date 07/31/24 from the pharmacist to the attending physician documented "To help optimize pain management for this resident, please consider adding: ..." For severe pain not managed by PRN APAP [as needed Acetaminophen]" to the PRN oxycodone order." Under physician's response a handwritten note on the signature line "No new order" on 07/31/24, with no signature was documented, the bottom of the form had a print date of 08/05/24.</p>	F 756			



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F 756	<p>Continued From page 40</p> <p>Inquired why the physician did not sign the document, DMR reported the physician was called and the response was not to change the order. Requested for DMR to provide documentation the physician was called and notified, as well as documentation of the physician's rationale for not making the recommended change in the order.</p> <p>Review of R27's physician's order for oxycodone ordered on 07/14/24 documented "Give 10 mg [milligrams] by mouth every 4 hours as needed for pain." The pharmacist's recommendation was not included in the order.</p> <p>Review of R67's progress notes found no documentation the physician was notified of the recommendation and the physician's response or rationale. The requested documentation on 08/15/24 was not provided by the facility or DMR.</p> <p>2) During review of the R110's EHR under the pharmacist note in the progress notes, the pharmacist documented for MRR between 09/01/23 and 09/30/23 to see report. Review of documented MRRs uploaded in the resident's EHR found the MRR was not uploaded in the EHR. Review of hard chart at the nurse's station found the MRR was not in the file.</p> <p>The facility provided a copy of R110's MRR between 09/01/23 and 09/30.23 after it was not found in a binder of residents' MRRs provided by the DMR. The MRR documented on 09/11/23 the pharmacist's recommendation to nursing staff "Please clarify medication administration directions for this resident using a feeding tube (APAP sorbitol Instagluucose Iron see MAR [Medication Administration Record])." There was</p>	F 756			

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F 756	Continued From page 41 no documentation found for either the physician or nursing staff regarding the recommendation and their response.  On 08/15/24 at 11:48 AM, an interview and concurrent record review with License Practical Nurse (LPN) 2 was done. Inquired if R110 had tube feeding, LPN2 confirmed she did and that medications would be administered through tube feeding. Concurrent review of the MAR for APAP, sorbitol, insta-glucose, and iron found the order for APAP "Give 650 mg by mouth ...", insta-glucose (discontinued on 08/14/24, 11 months after the recommendation) "Give 24 gram by mouth ...", and for iron "Give 1 tablet by mouth ..." LPN2 reported the medication orders should not say by mouth and should have been changed to G-Tube. The orders for APAP, insta-glucose, and iron administration direction or route were not changed to tube feeding or by G-Tube after the pharmacist recommended the facility to clarify the administration directions on 09/11/23.	F 756			
F 803 SS=D	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7)  §483.60(c) Menus and nutritional adequacy. Menus must-  §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;  §483.60(c)(2) Be prepared in advance;  §483.60(c)(3) Be followed;  §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and	F 803			

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F 803	<p>Continued From page 42</p> <p>ethnic needs of the resident population, as well as input received from residents and resident groups;</p> <p>§483.60(c)(5) Be updated periodically;</p> <p>§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Resident #106</p> <p>Food 08/12/24 During interview, see surveyor notes stated the only problem she has is every morning she has to ask for milk and white bread. Later stated she wanted bread every meal, breakfast, lunch and dinner. Not sure why she has to ask for it and it does not automatically come with her meal. During a lunch observation, see notes in Dining. Observed residents food ticket that says two white bread daily. Resident stated she did not get white bread and the bread she has on her plate is from this morning she saved. 08/14/24 08:44 AM stated yesterday dinner and lunch no more, breakfast had milk and bread.</p> <p>08/15/24 10:12 AM Spoke with Director of Dietary Services, when inquired if a resident has Juice Daily what does that mean, once a day or for the meal ticket. Brendan Belay stated if its reflected for the meal of the day it should be for that meal, so resident should be getting their</p>	F 803			

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F 803	Continued From page 43 request for breakfast if its on breakfast, and lunch if its for lunch. Requested for residents meals tickets for breakfast lunch and dinner.	F 803			
F 812 SS=E	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: FACILITY  Kitchen Armites Tanap Dietary Aid Brendan-Director of Dietary Rainier-Director of Facilities  08/12/24 08:27 AM  Temps in fridge and freezer all within appropriate range	F 812			

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F 812	Continued From page 44  Okai has a discard date of 08/11/24. Still in the fridge. DD stated that it should have been discarded since the staff performs audits twice a day.  08/12/24 08:43 AM Dishwasher temperature log not completed. DA stated they usually check 3x/day before each use. But she forgot to log it in. DD stated the log should be done every time the staff checks, which is three times a day.  08/12/24 08:45 AM DA checking QA strips. QA strips expires in 2025. QA strip turned black 200.  08/12/24 08:50 AM DF interview Low temp because it uses sanitizer to meet the health requirements  08/12/24 08:53 AM DA stated, we only write down temperature. We don't write it down when we check with the strip.  08/12/24 01:28 PM DD confirmed that they don't have a log for sanitizer check. He thought they had one, but it was actually the temperature log.  08/13/24 11:52 AM Tray line observation.  Roast Pork-195.6 Brown Rice-175.6 Veg-177 White Rice-186 Gravy-186  Everyone wore gloves and hair net or cap. Hand hygiene completed.	F 812			

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F 812	Continued From page 45 Review of the facility policy titled, "Dishwashing Machine Use," with a revised date 03/2010, was conducted. The facility policy documented, "A supervisor will check the dishwashing machine for proper concentrations of sanitizer solution...after filling the dishwashing machine and once a week thereafter. Concentrations will be recorded in a facility approved log."  Review of the facility policy titled, "Food Receiving and Storage," with a revised date of 10/2017 was conducted. The facility policy documented, "Food shall be received and stored in a manner that complies with safe food handling practices."	F 812			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized  §483.70(h)(2) The facility must keep confidential	F 842			

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

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F 842	<p>Continued From page 46</p> <p>all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(h)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(h)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p>	F 842			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 842	<p>Continued From page 47</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Resident #313</p> <p>FTag Initiation ADLs 08/12/24 11:33 AM sister at bedside umi brother at queens for pneumonia, admitted to CCOH friday night for therapy, foot wedge at foot of bed, foam boots bilat, umi came on saturday for 10 minutes before work and saw him with a diaper on, was upset bc he never wears a diaper, up until he was discharged from Queens Friday afternoon, he was walking around, getting up to the bathroom, when she asked about it was told that he needed to be evaluated by PT who wasn't here on the weekend, so for his safety, had to wear a diaper for the weekend, came yesterday (sunday) and did see ST at the bedside evaluating him, does not understand why he was admitted friday if there were no therapists that were going to be here, upset at the delay in care, still has a diaper on now. encouraging R313 to talk and answer questions, but he is refusing, not even responsive to questions that his sister is asking.</p> <p>08/12/24 11:39 AM PT jon in to assess him now, overheard PT jon state to Resident # 313 and sis at bedside that Resident # 313 saw "kevin yesterday."</p> <p>08/12/24 01:31 PM umi at the bedside, stated that PT Jon tried to get R313 to stand, but he was too weak, possibly tired, lots of secretions, could not walk, would like them to come back and try again after he has had some time to rest.</p>	F 842			



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

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F 842	<p>Continued From page 48</p> <p>disappointed that he has declined so fast. Brought him a urinal that R313 has shown interest in using but states he cannot get diaper open to use it. 08/14/24 03:46 PM RR shows resident refusing to use urinal and offers of assist to use urinal.</p> <p>AHCD None found, however, R313 just admitted to facility last Friday. 08/13/24 03:46 PM interview with sister Umi at the bedside, states AHCD was discussed at the Welcome Meeting.</p> <p>MOOD/BEHAVIOR 08/12/24 10:23 AM gave me thumbs up 3x in answer to questions, nonverbal? 08/12/24 11:33 AM sister at bedside umi brother at queens for pneumonia, admitted to CCOH friday night for therapy, R313 with extremely flat affect, initially thought he was nonverbal bc prior to sister arriving he would not answer any of my questions or greeting, just gave a thumbs up, after sis arrived, realized he could speak but didn't want to, Umi encouraging R313 to talk and answer questions, but he is refusing, not even responsive to questions that his sister is asking. 08/12/24 01:31 PM Stated brother is not on anything for depression or anxiety, but thinks that he does need something for depression, flat affect, not responsive to much, states bc he is on seizure meds provider was hesitant to be adding on antidepressants bc of side effects. Would like to take him to see a psychiatrist because feels like he would benefit. 08/15/24 10:30 AM depression screening provided, done with resident, determination of low risk REHAB</p>	F 842			

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F 842	<p>Continued From page 49</p> <p>08/12/24 11:33 AM sister at bedside umi brother at queens for pneumonia, admitted to CCOH friday night for therapy, foot wedge at foot of bed, foam boots bilat, umi came on saturday for 10 minutes before work and saw him with a diaper on, was upset bc he never wears a diaper, up until he was discharged from Queens Friday afternoon, he was walking around, getting up to the bathroom, when she asked about it was told that he needed to be evaluated by PT who wasn't here on the weekend, so for his safety, had to wear a diaper for the weekend, came yesterday (sunday) and did see ST at the bedside evaluating him, does not understand why he was admitted friday if there were no therapists that were going to be here, upset at the delay in care, still has a diaper on now. encouraging R313 to talk and answer questions, but he is refusing, not even responsive to questions that his sister is asking.</p> <p>08/12/24 11:39 AM PT jon in to assess him now, overheard PT jon state to Resident # 313 and sis at bedside that Resident # 313 saw "kevin yesterday."</p> <p>08/12/24 01:31 PM umi at the bedside, stated that PT Jon tried to get R313 to stand, but he was too weak, possibly tired, lots of secretions, could not walk, would like them to come back and try again after he has had some time to rest. disappointed that he has declined so fast.</p> <p>08/14/24 03:35 PM interview in rehab area outside conference room, DOR deanna states has staff here 7 days a week to do evals, on sundays it is FT staff (an OT), per diem staff on saturdays can also do evals, DOR usually chart reviews records before resident arrives to predetermine mobility level and devices needed. per DOR hospital records show he was a max assist, so recommendation was bed for safety</p>	F 842			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 842	Continued From page 50 until eyes on assessment could be done. per diem was not available this past saturday, and since they have 48 hours to do the eval, it was done on sunday instead. when the ot kevin saw him on sunday, he could barely stand. Asked for copies of hospital records she reviewed, as well as copies of both OT eval on sunday and PT eval on monday. 08/14/24 04:10 PM interviewed DOR again in her office. 08/15/24 11:13 AM sent email to admissions team on friday (managers) minGCA (contact guard assist), with this recommendation would expect them to at least try to get them up to wc for toileting. agrees that 08/15/24 11:40 AM interview with christa in her office, DOR recommendations are used for knowledge, nursing admission screening and history, expectation that it is completed/signed by the end of the shift, documented R313 as dependent for transfers, review of skilled nursing assessments from admission to 8/12 document R313 as "taking nutrition/hydration orally" agrees should not be documenting taking nutrition/hydration po, agrees it looks copied and pasted, agrees copying/pasting should not happen, surprised and disappointed to see one nurse much less every nurse for 2 days document incorrect information.	F 842			

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F 842	Continued From page 51 FACILITY  FTAGDIR 08/14/24 01:20 PM Johannah RN was observed sitting at the nurse's station away from her medication cart. Medication cart was parked at the nurse's station with the computer screen facing the hallway and the tv/dining room. The tv room had five residents sitting at the tables and the hallway had a newly admitted resident in wheelchair that was being pushed by a visitor. The visitor paused in front of the medication cart and the cart had an open lap top with a resident electronic health record open on the screen. As the visitor waited for a staff to acknowledge him and the new resident, he was observed looking at the lap top screen. State Agency informed Gina RN of the open computer screen. Gina RN stated it was not her medication cart and it belonged to Johannah. Gina RN quickly closed the resident electronic health record. Gina RN stated it should not have been opened to a resident's EHR. Johannah RN was informed and she also confirmed that she should have logged off prior to leaving the medication cart unattended.  A review of the facility policy titled, "Computer Terminals/Workstations," with a revised date of 04/2014. The policy documented, "A user may not leave his/her workstation or terminal unattended unless the terminal screen is cleared and the user is logged off. Each user must log off at the end of his/her work shift."	F 842			
F 847 SS=D	Entering into Binding Arbitration Agreements CFR(s): 483.70(m)(1)(2)(i)(ii)(3)-(5)  §483.70(m) Binding Arbitration Agreements If a facility chooses to ask a resident or his or her	F 847			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 847	<p>Continued From page 52</p> <p>representative to enter into an agreement for binding arbitration, the facility must comply with all of the requirements in this section.</p> <p>§483.70(m)(1) The facility must not require any resident or his or her representative to sign an agreement for binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, the facility and must explicitly inform the resident or his or her representative of his or her right not to sign the agreement as a condition of admission to, or as a requirement to continue to receive care at, the facility.</p> <p>§483.70(m)(2) The facility must ensure that: (i) The agreement is explained to the resident and his or her representative in a form and manner that he or she understands, including in a language the resident and his or her representative understands; (ii) The resident or his or her representative acknowledges that he or she understands the agreement;</p> <p>§483.70(m)(3) The agreement must explicitly grant the resident or his or her representative the right to rescind the agreement within 30 calendar days of signing it.</p> <p>§483.70(m)(4) The agreement must explicitly state that neither the resident nor his or her representative is required to sign an agreement for binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, the facility.</p> <p>§483.70(m)(5) The agreement may not contain any language that prohibits or discourages the</p>	F 847			

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F 847	<p>Continued From page 53</p> <p>resident or anyone else from communicating with federal, state, or local officials, including but not limited to, federal and state surveyors, other federal or state health department employees, and representative of the Office of the State Long-Term Care Ombudsman, in accordance with §483.10(k). This REQUIREMENT is not met as evidenced by: FACILITY</p> <p>Arbitration Based on interview and record review, the facility failed to ensure the Binding Arbitration Agreements (BAAs) they asked the residents (or their representatives) to enter into, were explained in a form and manner that they could understand. This is evidenced by 1 of 3 residents (Resident 63)/resident representatives sampled stating she did not have the BAA explained to her in a way that she understood what it meant.</p> <p>Findings include:</p> <p>On 08/13/24 at 12:00 PM, an interview was done with the resident representative/family member (FM3) for Resident (R)63 at his bedside. During a concurrent review of a copy of the signed BAA and being asked if she recognized it, FM3 reported that she believed it was a form in "a bunch of forms" that had been sent to her to sign once when R63 was being re-admitted from the acute care hospital. FM3 also reported that she could not recall the form being explained to her and stated that she wasn't sure what it was for. After the state agency (SA) explained the BAA form to her, FM3 stated that she was sure the form had not been explained to her before, because if it had, she would not have signed it.</p>	F 847			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 847	<p>Continued From page 54</p> <p>When shown the Voluntary Arbitration Program Information Sheet and asked if it had been read to her by a facility representative, FM3 responded that she did not recall seeing the Information Sheet before, nor did she remember it being read to her. FM3 stated that she did receive a phone call about the Admission Packet forms, but was only asked "if there were any changes." When she responded that there were no changes, FM3 stated that she was asked to review and sign the forms.</p> <p>On 08/14/24 at 02:19 PM, an interview was done with the Director of Medical Records (DMR) outside of the Administrator's Office. The DMR confirmed that the BAA would have been sent to FM3 for e-signatures with "about 27 [other] forms in the Admission Packet [all requiring signatures]."</p> <p>Koki, Brent interview with Brent's mom Iris at the bedside, showed her the BAA she signed, she stated no one explained to her what it was, stated she believes it was in a bunch of paperwork they had sent her to e-sign right after R63 was readmitted from the hospital. Had she known what it meant, she would not have signed it.</p> <p>08/13/24 02:42 PM Resident # 314 Corn, Byron interview with Byron at the bedside, came in on monday 8/5, a guy came in the next day and read the paper to him, acknowledges that he was told signing the paper means he cannot sue.</p> <p>08/13/24 02:50 PM Resident # 160 Farley, Janet interview with Janet's mom at the bedside, stated she remembers them reviewing the BAA form, understands it means she cannot sue them ever, was provided a copy.</p> <p>08/13/24 03:20 PM requested 2 more BAA from list provided this morning: Dougherty and</p>	F 847			

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F 847	Continued From page 55 Matsukado as they did not have recent admissions. 08/13/24 03:58 PM followed up with Jon, reports that both residents originally signed the BAAs but were discharged and readmitted, then apparently chose not to sign another one when they came back. "So technically I guess they don't have an active form," but explained that the report/list if signed BAAs provided this morning just picked up anyone who had ever signed one. Asked where is it documented that they declined to sign it again, Jon stated they don't document that anywhere, so I asked how do you know they declined to sign it again, just by the absence of a new one? Jon stated he didn't know and that is what they (Lehua, Marlen, and him) were trying to find out. Asked who would know, stated Kwin Medical Records and Sang Social Services.	F 847			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents,	F 880			



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F 880	<p>Continued From page 56</p> <p>staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p>	F 880			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>125019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/15/2024</b>
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F 880	<p>Continued From page 57</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Resident #126</p> <p>Pressure Ulcer/Injury 08/12/24 09:04 AM I'm supposed to be turned every 2 hours. As a team they can do it, but one CNA can't do it. There should be better communication and training. the new CNA's aren't trained as well as they should be. They used to have the chucks. now they are using a sheet. It feels like sandpaper. They must have run out. I take antibiotics because I have an infected sore. Per Carlos, RN he's on Cipro IV for his infected wound.</p> <p>When asked when he first got his wounds, where was he living? he said he was at home, I sat in a chair all of the time, I had really bad pain and I would only get up to go to the bathroom. So it got really ugly. The wound nurse here is really good. She has been taking good care of it. I wish I had a hand held mirror so I could see the wound, It would register better with me. I wish I could turn or get a pillow but last week there just wasn't anyone around to</p> <p>Record Review (RR).</p> <p>MDS quarterly with ARD of 10/20/2024 R126 was able to walk 50 feet with two turns: Once</p>	F 880			

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F 880	<p>Continued From page 58</p> <p>standing, the ability to walk at least 50 feet and make two turns with Supervision or touching assistance.</p> <p>Primary diagnosis was heart failure; Septicemia; wound infection. Anxiety disorder; COPD; respiratory failure; Pressure ulcer of sacral region, unstageable; Acute and chronic respiratory failure with hypoxia; other intervertebral disc degeneration, lumbar region; Attention deficit hyperactivity disorder; other abnormalities of gait and mobility.</p> <p>Pain presence and pain medication, Frequent pain and occasionally effect sleep. interferes with therapy activities and frequently affects day to day activities; Pain rated at moderate level.</p> <p>Resident has a pressure ulcer; unhealed stage 3 and stage 4, present upon admission.</p> <p>MDS quarterly 01/18/2024. Two stage 4 pressure ulcers present on admission.</p> <p>MDS Quarterly 04/11/2024. One stage 4 pressure ulcer present.</p> <p>Care plan dated 07/15/2023 reviewed. R126 has stage 4 PU to sacrum; stage 3 PU to the left heel; has stage 4 PU to right ischial tuberosity.</p> <p>Stage IV to sacrum - POA - will show signs of healing without complications through the next review date. 6/7/2024 Lynne Colpo</p> <p>8/10/2024 01:28 Infection Note Data: Wound noted to have deteriorated on 8/2 where last week resident was in his wheelchair exceeding 4 hours. Noted with green drainage</p>	F 880			

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F 880	<p>Continued From page 59</p> <p>and foul odor. Hoffman, NP requested for wound culture, results returned with +2 Pseudomonas Aeruginosa susceptible to ciprofloxacin. Action: Wound culture also notes no VRE present as other wound cultures. Discussed with Dr. Scott. Response: Ok to remove from contact isolation, continue enhanced barrier precautions due to historically Dr. Pien mentioning resident colonized with VRE.       Nursing</p> <p>08/14/24 08:45 AM Observation with Patrick, the wound nurse from Queens Aloha wound clinic; Ida the wound team (in-house) and Vernonique. The surveyor asked Patrick how the pressure ulcer is healing. He stated R126 has medically complex issues, he is declining, his COPD has gotten a lot worse, he's not able to do too much outside of his bed. When he came in a year ago, he was able to actually get up and walk a bit. His wound's were all completely closed then R126 had a pretty bad skin tear that reopened the wound. He went to acute care for a cardiac procedure and was laying on a hard table for a long period of time, when he came back the wound had opened and progressed to a stage 4 wound to his sacrum. Now its getting a little better, today were going to take a sample for a culture after we clean the wound. The surveyor asked Patrick is the resident is able to reposition him self off of the wound. Patrick stated, no, he needs help to turn and reposition. Observed Patrick remove the dressings and clean away the dead tissue. Once the wound bed was debrided, he scraped a sample. He stated that it doesn't look infected. Patrick said to the resident, its really important to keep the pressure off of the wound. The surveyor asked Patrick for clarification, turning the resident every 2 hours is</p>	F 880			

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F 880	<p>Continued From page 60</p> <p>really important, he said yes, its very important to keep the pressure off of the wound. The in-house wound nurses took over to replace the dressing with a clean dressing. During the dressing change Ida removed her dirty gloves and put the clean gloves on without first applying the hand sanitizer. The surveyor asked Ida if she should sanitize her hands after removing the gloves and putting on the clean gloves. She said "yes" and removed the gloves, applied the hand sanitizer and replaced with the clean gloves.</p> <p>Resident #85</p> <p>Respiratory Care 08/12/24 02:19 PM Humidifier on the floor, stated they had taped it up but came off of it this morning, there was a kink in the machine had to change tubing. No date labeling on tubing, was not able to to see if there was a date on the humidifier because all taped up.</p> <p>08/15/24 10:39 AM Interview with Same inquired if its okay for the oxygen bottle to be on the floor, she stated no because there are germs and biles that can be on the floor and can be an infection contorl problem /</p>	F 880			