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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 125002 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/01/2020 |
| NAME OF PROVIDER OF SUPPLIER HILO MEDICAL CENTER | | STREET ADDRESS, CITY, STATE, ZIP 1190 WAIANUENUE AVENUE HILO, HI 96720 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | |
| F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, record review (RR), and interviews, the facility failed to provide evidence that a portable HEPA air scrubber (HAS) had routine preventive maintenance, cleaning and was disinfected according to manufacturer instructions. A HAS helps reduce airborne contaminants including particles containing viruses. The HAS was placed in Isolation Room (Rm) South 3C (S3C) where a COVID-19 positive Resident (R)2 resided to provide negative pressure in the room. A negative pressure room reroutes potentially infected air away from a resident and facility staff. Due to this deficient practice, there is the potential the HAS was not maintained properly to ensure adequate filtration and performance. In addition, there is the potential this piece of equipment could become a vehicle for transferring infectious organisms if it was not maintained, filters changed, cleaned properly and the location of use tracked. Findings include: On 10/01/11 at approximately 10:00 AM, during an interview with the Assistant Hospital Administrator (AHA), the AHA stated she was notified by lab that R2 tested positive for COVID-19 on 09/16/20, and that the facility built an isolation barrier entering the South Wing on 09/16/20, and installed a HAS with filters (HEPA-AIRE PAS2400 Portable Air Scrubber) in R2's Rm. to create a negative pressure environment on 09/21/20. On 10/01/20 at 01:00 PM, during an interview with the Maintenance Supervisor (MS), he described how the isolation barrier was erected, and the HAS installed in Rm S3C. The MS said the HAS had several layers of filters. Inquired about the maintenance and filter changes for the HAS, and the MS stated one of the technicians had changed the filters before the machine was installed in the room. A request was made for the preventive maintenance records and filter change. On 10/01/20 at approximately 01:30 PM, the MS informed surveyor there was no documentation of the technicians work on the HAS, and went on to say this piece of equipment was currently not in the new system for tracking equipment scheduled maintenance and repairs. After the MS reviewed records, he reported the new system was implemented in March/April 2017, and that the records of maintenance from the old system were no longer available. Review of the facility policy number HMC-MNT- on the Preventive Maintenance Program, last approved April 2020, stated the facility was to maintain a comprehensive Preventive Maintenance Program which includes written testing and maintenance program for all utility equipment/systems, included in the program at established intervals of at least annually, manufacturer's guidelines or through the risk assessment. Review of a quarterly preventive maintenance record on a different Air Handler Unit revealed the procedure included Check for particulate accumulation on filters. Clean and replace as needed to insure proper operation, as well as several other procedural checks to verify proper operation. Observed the HAS in Rm. S3C was not tagged with a new asset number and did not have a label with any recent preventive maintenance. The facility was unable to produce any documentation the HAS in Rm S3C was a part of the Preventive Maintenance Program. The MS stated he would tag the equipment with a new asset number, and enter it in the system. The MS provided a copy of the operational manual for the HEPA-AIRE PAS2400 Portable Air Scrubber, which shows the air scrubber had three different layers of filters. The manual states, The size and concentration of airborne contaminants, temperature and humidity conditions, and duration of use determine how often filters need replacement. The method of determining when to replace the activated carbon filter(s) is somewhat subjective. As an odor, vapor, and/or gas filtration capacity decreases, the user will begin to sense a slight odor or taste of the contaminant, indicating the filter(s) should be replaced. The MS indicated he would be working with the vendor to ensure proper maintenance and cleaning under COVID-19 conditions. On 10/01/20 at approximately 02:00 PM, interviewed the Licensed Practical Nurse (LPN)1, assigned to R2 in the Isolation Rm S3C. The LPN mentioned the HAS generated quite a bit of heat, and made the room uncomfortable sometimes, and that she really didn't know much about the HAS, or do anything with it. .</p> | | |
| 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.