

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 125009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER MALUHIA		STREET ADDRESS, CITY, STATE, ZIP 1027 HALA DRIVE HONOLULU, HI 96817	
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 - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews and review of the facility's policy and procedures, the facility failed to implement proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infection. The facility failed to ensure COVID-19 screening for their employees, visitors, and vendors is done at the point of entry, which is a systemic issue with the potential to affect all residents residing in the facility. The facility also failed to ensure all staff members appropriately use personal protective equipment (PPE); staff members observed not wearing face masks with no social distancing while interacting with one another; staff member not wearing the required goggles while preparing medication on a unit; staff member donning and doffing PPE within 2 feet of a resident on droplet precautions; and staff member incorrectly wearing a face mask (the nose was not covered by the mask). Findings include: 1) The State Agency entered the facility on 07/16/20 at approximately 08:15 AM through the unlocked basement door. Upon entering the basement, observed a small table with a plastic shield and a desk. There was no staff member at the table or desk. The surveyors proceeded to enter the facility, using the elevator to the first floor of the facility. The Director of Nursing (DON) was found in the nursing administration office. The surveyors were initially asked to wait in the hall then was asked to enter the office for screening. The screener was located at the back of the office at a small table with a plastic shield. The screener stood behind the plastic shield. An alcohol-based hand sanitizer was placed on the table, the surveyor was not asked to hand sanitize. The screener took the temperature and proceeded with screening questions. Following the questions, the screener provided a pen and asked the surveyor to initial the screening form for attestation. The surveyor exited through a door to the right and went back into the hall. The facility has three floors with the second and third floor designated with resident rooms. The first floor consists of employee offices, kitchen, bathrooms, and activity/dining areas. Staff members and visitors may access the basement entry from the parking lot. The basement has an elevator to access all the floors in the facility. The Infection Control Preventist (ICP) and DON were interviewed on the morning of 07/16/20. The facility has secured all entry to the facility except for the basement entrance located off the parking lot. The facility was informed there was no staff member at the point of entry. The DON reported the facility has a security guard from 10:00 PM to 08:00 AM. A staff member is then to man the screening area from 08:00 AM. The DON reported authorized visitors and employees are screened at the nursing administrative office on the first floor. When employees begin their shift, they reportedly line up in the hall outside of the nursing administrative office while [MEDICATION NAME] social distancing. The DON further reported she and nurse supervisors are designated to do the screening so that a clinical assessment of the visitor and employee is done during the process. The employees are provided with a sticker when they pass the screening and asked to wash their hands before they leave. Inquired whether employees are asked to hand sanitize before entering and screening is done. The DON replied employees are not asked to hand sanitize before screening is done. On 07/16/20 the DON was further queried whether it is the best practice to screen authorized visitors and employees after their point of entry as they have access to other areas on the first floor (i.e. bathroom, offices, etc.) before actual screening is done in the office. Also, the visitor and employees will walk through the nursing administrative office before receiving screening, passing other employees' desks. The DON responded that it would be best practice to screen visitors and employees at the point of entry.</p> <p>2) On 07/216/20 at 08:35 AM, inquired with the DON regarding the type of PPEs staff are expected to wear. DON stated staff should wear a surgical face mask and goggles at all times while in the facility to protect staff from respiratory droplets. When staff are providing direct care, they are expected to use a full-face shield and a surgical face mask. If the residents are on contact or droplet precautions, staff should don and doff the appropriate PPEs (gown, N95 mask, goggles, face shield, and gloves). 3) On 07/16/20 at 08:22 AM, while waiting to enter the conference room, observed two staff members in the Occupation Therapy room sewing and speaking to each other. Both staff were not wearing face mask, goggles/safety glasses, or any form of PPE which would protect them from droplet exposure. Review of a document provided by the facility, instructs staff to wear a face mask and goggle/safety glasses, when in non-patient care areas, as protection from respiratory droplets from coworkers. 4) On 07/16/20 at 09:00 AM, observed Licensed Nurse (LN)1 wearing a face mask with his/her goggles around his/her neck while preparing medications in the hallway. Various other staff were observed passing within 6 feet of LN1 while he/she was preparing medications. LN1 confirmed he/she should be wearing goggles/safety glasses while in the hallway preparing medications. 5) Resident (R)7 is a new admission, who was placed on a 14 day quarantine for contact and droplet precautions per the facility's practice to prevent the potential spread of COVID-19 to staff and other residents. On 07/16/20 at 09:10 AM, observed Certified Nurse Aide (CNA)1 enter R7's room and don PPEs (gown, N95 mask, goggles, face shield, and gloves) in preparation to provide care. However, after CNA1 donned the gown (in the appropriate area within R7's room) he/she took paper towels from R7's bathroom, placed the paper towels on R7's bedside table (located approximately 3 feet away from R7), took off his/her cloth and surgical face mask and placed it down on the paper towels exposing the inside portion of the surgical mask (which was in direct contact with CNA1's nose and mouth) to droplets from R7. CNA1 donned the N95 face mask, then the face shield which were stored on an IV pole at the entrance of the resident's room (safety glasses remained on throughout the donning process). After providing care, observed CNA1 doff his/her face shield and N95 mask and put on cloth and surgical face mask within 2 feet of R7. Inquired with CNA1 regarding observations of donning and doffing of PPEs near R7. CNA1 confirmed donning and doffing of PPEs should have been done in the designated area (entrance of R7's room). 6) On 07/16/20 at 09:35 AM, observed Licensed Nurse (LN)5 exit a resident's room wearing the appropriate PPEs, however, his/her cloth and surgical mask were placed under his/her nose (exposing his/her nostrils). LN5 confirmed the cloth and surgical mask should have covered his/her nose. The DON and ICP were interviewed following the aforementioned observations. The observations made by this surveyor were shared and discussed, to which both the DON and ICP confirmed were breaches of infection control and placed staff and residents at an increased risk of exposure to COVID-19.</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.