

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>125011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HALE NANI REHABILITATION AND NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1677 PENSACOLA STREET HONOLULU, HI 96822</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Provide and implement an infection prevention and control program.</b>  Based on observations and interviews, the facility failed to provide a safe and sanitary environment on two of the five units observed. Two certified nursing assistants (CNA's) did not disinfect the monitoring equipment before and after use between residents on two units. In addition, staff failed to ensure that a contracted worker was educated on the proper use of personal protective equipment (PPE) on one unit. The deficient practice placed residents, staff, and contractors at an increased risk of acquiring an infection. Findings include: 1) During an observation on a nursing unit on 07/16/20 at 10:32 AM, a certified nursing assistant (CNA)1 wheeled a vital signs (VS) unit, incorporating a blood pressure (BP) machine and forehead temperature probe, into a resident's room. CNA1 checked the resident's vital signs and assisted the resident with his needs. At 10:40 AM, the surveyor observed CNA1 pushing the VS unit out of the residents room and proceeded into another resident's room to assess his VS. Surveyor interviewed registered nurse (RN)1 at 10:50 AM and asked how the VS unit is disinfected after each resident assessment. RN1 stated that the VS unit is wiped down after each resident use with the Spectrum hand sanitizer wipes and it is to remain wet for one minute. The surveyor noted on the label that the Spectrum hand sanitizer wipes contained 70% ethyl alcohol. Surveyor interviewed CNA1 at 11:01 AM and was asked if the VS unit was disinfected between the residents she recently checked. CNA1 replied, Yes, I'm supposed to wipe it down with the purple top wipes. The surveyor asked CNA1 to show her the purple top wipes because none were observed on the unit. CNA1 became confused when no purple top wipes were to be found and looked unsure of what type of disinfecting wipes are used to clean the VS unit. At 11:06 AM, Surveyor informed the RN unit manager (UM)1 that CNA1 was not disinfecting the VS equipment after resident use of the equipment. 2) During an observation made on another nursing unit on 07/16/20 at 11:14 AM, CNA2 wheeled a VS unit into the nursing station and plugged it into the electrical outlet. She was asked when the equipment is disinfected and type of product used. CNA2 replied that the VS unit is cleaned with the Micro Kill wipes, and did not know the contact time needed for proper disinfection. 3) During an observation on the same unit at 11:22 AM, a mortuary transport person wearing required personal protective equipment (PPE), (gown, gloves, face mask, and foot coverings). Surveyor noted the upper portion of the gown kept sliding down from his neck and it did not fully cover his chest. The gown was not tied at the back of his neck to secure the PPE gown.		
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.