

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 125013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER MAUNALANI NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 5113 MAUNALANI CIRCLE HONOLULU, HI 96816	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interviews, and review of policies and procedures, the facility failed to ensure infection control and prevention practices were maintained and implemented to prevent the transmission of communicable diseases and infections as evidenced by two separate observations in which staff were not properly wearing a mask. According to the Center for Disease Control (CDC), the best ways to prevent illness from COVID-19 is to avoid being exposed to [MEDICAL CONDITION] by staying at least 6 feet from each other, wearing a mask in public settings and when around people who do not live in your household. Recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms. As a result of this deficiencies, staff and residents are at an increased risk of potential exposure to infection. Findings include: During the entrance conference, queried the Administrator (ADM), Director of Nursing (DON), and the Business Office Manager (BOM) regarding the type of personal protective equipment (PPE) facility staff is required to wear throughout the facility. The DON responded all staff are required to wear a face mask while in the facility and staff are required to wear appropriate PPEs as indicated by the type of precaution implemented (i.e. contact: gloves and gown; droplet precautions: gown, mask, face shield, and gloves) when staff is providing direct care. On 08/26/20 at 01:30 PM, reviewed the facility's policy and procedure regarding the measures the facility will take to control the spread of respiratory infections including COVID-19. The policy documents, all staff are required to wear a surgical mask while in the facility. On 08/25/20 at approximately 09:30 AM, upon entering the facility this surveyor observed Staff (S)1 and Staff (S)2 standing less than six (6) feet away from each other. S1's mask hung from one ear, not covering his/her mouth enabling this surveyor to clearly see S1 speaking to S2. After this surveyor entered the facility, front desk staff informed S1 of this surveyor's presence, S1 then immediately put on his/her surgical mask, properly covering his/her nose and mouth. On 08/25/20 at 10:40 AM, observed Staff (S)3 folding cloth napkins (which residents use during meals) with his/her face mask hanging from one ear and did not cover any portion of his/her mouth or nose. Inquired with S3 regarding this surveyor observation of S3 not properly wearing his/her face mask. S3 confirmed he/she was not wearing his/her mask appropriately and is required to wear his/her face mask properly while in the facility.</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.