

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>06/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE CARE CENTER OF HONOLULU</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1900 BACHELOT STREET HONOLULU, HI 96817</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on interview, policy review, and observations, two facility staff members failed to use their personal protective equipment (PPE) correctly and thereby the facility fails to provide a safe and sanitary environment which place residents, staff and visitors at risk of acquiring an infection. Findings include: 1. An observation done on 06/23/20 at 10:26 AM on the resident ventilator care unit, found one of the facility's maintenance staff (MS) 1, with his face mask covering only his chin, walking from a recently repaired resident's room and in the hallway; while all other staff on the same unit were wearing their masks covering their nose and mouth. A review was done of the facility's Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19); within their policy there was an imbedded link to the Centers for Disease Control (CDC) website, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. Healthcare personnel (HCP) is defined by the CDC as all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials. According to the CDC, there is the potential for asymptomatic and pre-symptomatic transmission of COVID-19 and that source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19. HCP should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. 2. Another observation of staff on the other resident ventilator unit done on 06/23/20 at 10:56 AM found the housekeeping staff (HS) 3, picking up trash from the resident's rooms with gloves on. HS3 pushed her housekeeping cart with the trash to the dirty room with the same gloves on, but HS3 found that there was no room for her cart due to a medication cart partially blocking the doorway to the dirty room. HS3 then walked over to the medication cart, with the same gloves on her hands, and handled the opposite edges of the medication carts to move them out of the way from the doorway. The surveyor then asked HS3 if her gloves were clean or dirty prior to handling the medication cart and HS3 replied, Dirty.		

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.