STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125002	A. Building B. Wing	01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilo Medical Center	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	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22063 Based on observations, record review, and interview with staff members, the facility did not assure their infection control program for enhanced barrier precautions (an approach to expand the use of personal protective equipment, the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of Multidrug-Resistant Organisms [MDRO] to staff hands and clothing) were implemented. Findings include: On 01/08/24 observed posted signage at the facility's entrance alerting staff and visitors of COVID-19 outbreak. The instructions were to use an N95 face mask and face shield. On 01/08/24 at 10:30 AM during initial screening of residents on the unit, observed some residents had signage posted for enhanced barrier precautions (EBP). Interviewed the Director of Nursing (DON) regarding the need for personal protective equipment (PPE). DON reported PPEs for residents on EBP are required only when providing treatment and/or care and not needed if you do not have contact with the resident. Observation on 01/08/24 found signage for EBP for Resident (R)19. R19 was observed lying in bed watching television. R19 had a tracheostomy and ventilator. On 01/08/24 at 11:38 AM while walking through the unit, observed a staff member standing on the resident's right side with back facing the door. The staff member was observed to be wearing gloves, a face mask, and goggles. Staff member was seen leaning over the resident, stood upright, and removed goggles. The resident could be heard with gurgling sounds and holding a clear tube up to her mouth. At 11:45 AM, staff member exited the resident's room wearing face mask and goggles were hanging from the neckline of the scrub top. Upon exiting the resident's room at 11:45 AM, interviewed the staff member. Staff member was a Respiratory Therapist (RT)1. Inquired what kind of care was provided to R19. RT1 responded, treatment was not being provided. RT1 clarified the resident has a tracheostomy and was being assisted to speak by capping the tracheostomy tube. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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 01/11/2024
NAME OF PROVIDER OR SUPPLIER Hilo Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1190 Waianuenue Avenue Hilo, HI 96720	

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(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	Second observation on 01/08/24 at 02:26 PM observed an x-ray technician in R19's room. The staff member was wearing gloves and a face mask. The staff member took the x-ray. After taking the x-ray, the technician walked over the left of the resident and removed a rectangle plate that was wrapped in plastic from under the resident. The technician was not wearing a gown. Third observation on 01/10/24 at 09:40 AM observed a lab technician and Charge Nurse (CN)1 in R19's room. The CN wore a face mask, face shield, gloves, and gown. The lab technician was not wearing a gown. Registered Nurse (RN)1 was observed in the hall and reported lab technician was inserting an IV as the resident requires fluids and was also drawing blood for lab tests. Concurrent observation was made with RN1. RN1 confirmed the staff member was not wearing a gown and should wear a gown to protect the resident. Record review on 01/10/24 at 11:59 AM noted R10 was admitted to the facility on [DATE]. A review of R19's comprehensive medical history dated 06/22/22 notes resident has history of MRSA (Methicillin-resistant Staphylococcus aureus is a group of gram-positive bacteria that is responsible for several difficult-to-treat infections in humans) and ESBL (extended spectrum beta-lactamase are enzymes produced by some bacteria that may make them resistant to some antibiotics) R19 was admitted to the acute hospital in April 2022 with diagnoses of acute chronic hypoxic respiratory failure secondary to aspiration pneumonia requiring intubation with ventilation, status post tracheostomy and PEG (percutaneous endoscopic gastrostomy is a procedure to place a feeding tube). R19 currently on antibiotics due to diagnosis of urinary tract infection. On 01/10/24 at 01:58 PM, the DON was interviewed. The observations of the three staff members were shared with the DON. The DON confirmed the respiratory therapist should have been wearing a gown. It was further explained it is difficult when staff come from the hospital to provide services as EBP is not required there. DON stated the respiratory therapists have been re-inserviced on the use EBP. The DON also confirmed the x-ray technician, and the lab staff should wear a gown while providing services to R19. Review of the facility's policy and procedures for Enhanced Barrier Precautions which was provided by the facility on 01/10/24 at 01:38 PM. EBP applies to residents with an indwelling medical device, even if the resident is not known to be infected or colonized with a MDRO. Further noted to perform hand hygiene and wear gloves and a gown for high-contact resident care activities, device care or use, and wound care. High-contact was defined as care activities which included dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs, or assisting with toileting. Devices include central line, urinary catheter, feeding tube, and tracheostomy.