

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  The Care Center of Honolulu		STREET ADDRESS, CITY, STATE, ZIP CODE  1900 Bachelot Street 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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>38870</p> <p>Based on interview and record review, the facility failed to maintain a medical record that was accurately documented for one of three residents in the sample. Two entries documented in the electronic medical record stated the resident's fractured shoulder was the right shoulder when the injury occurred in the left shoulder. A third entry documented the resident was transferred to the wrong acute care hospital. The deficient practice has the potential to affect all residents residing in the facility.</p> <p>Findings include:</p> <p>Electronic medical record (EMR) reviewed for Resident (R)1.</p> <p>Admission note: 12/20/2023 at 22:28 .Left arm swollen. With elastic bandage and sling in place.</p> <p>Skilled nursing note: Registered Nurse (RN)10. 12/23/2023 14:18. Patient (Pt.) alert oriented x3 verbalizing appropriately .right arm swelling noted, brace and sling in place, placed pillow under to have extremity elevated .</p> <p>Skilled Nursing note: RN25. 12/24/2023 at 18:25 .pt. alert and oriented x 3. Verbalizing appropriately, .Right arm swelling, and discoloration noted. Pulses noted arm warm to touch .</p> <p>General note: RN30. 12/29/2023 00:38. Resident admitted to acute care hospital A with a diagnosis of Influenza; Covid-19 positive and Altered mental status this afternoon.</p> <p>R12 was transferred and admitted to acute care hospital B with a diagnosis of influenza, Covid-19 positive and altered mental status per EMR review .12/28/2023, 1320: Emergency medical services (EMS) arrived. Pt temperature w/ their equipment reading at 101.5 transported to acute care hospital B. Report called to staff in the ER.</p> <p>Nursing Supervisor (NS)1 interviewed on 07/03/2024 at 09:55 AM. Regarding documentation, the surveyor asked NS1 whose responsibility is it to ensure the accuracy, frequency, and completion of all documentation? For the monitoring, it's really a team effort, I will look, the Director of Nursing, (DON) or the Minimum Data Set (MDS) Coordinator will look etc.</p> <p>(continued on next page)</p>

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
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Charting and Documentation Policy revised July 2017 reviewed. 3. Documentation in the medical record will be objective .complete, and accurate.</p> <p>Registered Nurse (RN) Job description reviewed. Essential Job Functions. 7. Monitors documentation of .skilled charting .for completeness and timeliness.</p>