

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/15/2024
NAME OF PROVIDER OR SUPPLIER Pearl City Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 919 Lehua Avenue Pearl City, HI 96782	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>43414</p> <p>Based on interview, and record review, the facility failed to Resident (R) 7 was free of any significant medication errors.</p> <p>Findings include:</p> <p>Review of R7's physician's order for constipation included Senna 8.6 milligrams (MG) tablets, give 2 tablets via G-Tube two times a day, hold for loose stools.</p> <p>Review of R7's nursing notes documented on 01/01/24, Resident was seen by PMD during rounds today. Notified MD that resident is having episodes of foul smell loose/soft stools. MD ordered check stool for C. diff. Specimen collected and awaiting for The Cab for pick up.</p> <p>On 02/15/24 at 11:43 AM concurrent review of R7's daily bowel movement output log and medication administration record (MAR) and interview with Director of Nursing (DON) was done. The facility documented R7 had loose stools on 12/30/23, 12/31/23, 01/01/24, 01/02/24, 01/03/24, and 01/04/24. The MAR documented R7 was administered Senna on those days. Inquired with DON if Senna should have been held (not administered) due to loose stools, DON confirmed the medication should have been held.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>43414</p> <p>Based on observation, interview and review of the facility's policy and procedures the facility failed to ensure measures to prevent the spread and transmission of communicable diseases were followed. Facility staff did not perform hand hygiene before donning gloves and did not clean the floors with a sanitizing solution.</p> <p>Findings include:</p> <p>1) On 02/14/24 at 09:16 AM, observed Respiratory Therapist (RT) 2 running out of the supply room with an unidentified half round orange object in her hand. RT2 quickly put the half round orange object in her mouth and donned gloves without washing her hands or hand sanitizing. RT2 begun suctioning Resident (R) 10's tracheostomy site. Inquired if RT2 was eating something prior to the suction, RT2 stated she was .drinking something . and ran out when she heard the alarm. Inquired if RT2, hand sanitized prior to donning her gloves and suctioned R10, RT2 reported she did not and stated her first instinct is to run our and suction when the alarm goes off.</p> <p>On 02/15/24 at 11:43 AM an interview with Director of Nursing (DON) was done. DON confirmed staff members should hand sanitize prior to donning their gloves.</p> <p>Review of the facility's policy and procedure Tracheostomy Suction, Tracheostomy Cleaning, Tracheostomy Dressing and Tie Change effective 10/01/09 documented Wash hands . prior to performing procedures.</p> <p>2) On 02/15/24 at 08:21 AM, observed Housekeeper (HK) 2 mopping a resident's room. Inquired with HK2 what solution was used to mop resident's room, HK2 reported she used only water to mop the residents' rooms. HK2 reported they do not use a chemical solution but can use the disinfectant spray bottle to spray on the floor or mix with the water. HK2 did not put anything but water in the mop bucket was not using the disinfectant spray.</p> <p>On 02/15/24 at 08:48 AM an interview with EVS Coordinator (EVSC) was done. EVSC explained the housekeepers use a premixed solution to mop the floors and clean the floor with the solution daily. Observed a janitor's room with different solutions that can be used and EVSC specified the peroxide multi-surface cleaner is used to mop the floors. EVSC reported that all floors have a janitor room and admitted some of them need to be refilled with the chemical solutions.</p> <p>On 02/15/24 at 08:57 AM, requested HK2 to concurrently observe the janitor room on her current floor. Observed all but one solution to be missing, including the peroxide multi-surface cleaner. Inquired with HK2 which solution would be used to clean the floors if available, HK2 reported the peroxide multi-surface cleaner. HK2 stated .but they never refilled it and did not know how long the cleaning solutions have not been available on the floor.</p> <p>On 02/15/24 at 11:43 AM an interview with Director of Nursing (DON) was done. DON reported housekeeping staff should be cleaning the floor daily with a sanitizing solution in every resident's room. DON stated, water isn't going to clean anything.</p>		