

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125064	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2024
NAME OF PROVIDER OR SUPPLIER Clarence Tc Ching Villas at St Francis		STREET ADDRESS, CITY, STATE, ZIP CODE 2230 Liliha 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39853</p> <p>Based on interviews, document and record review, the facility failed to ensure one Resident (R)1 of a sample size of three received the monitoring in accordance with the nursing professional standards of practice, the resident's individualize care plan or the physician's (MD)1 orders. Specifically, the nursing staff did not complete orthostatic blood pressures (BP) and pulse (P) as ordered. As a result of this deficiency, R1's vital signs were not monitored as needed, which resulted in lack of timely data and made R1 at higher risk of not reaching his highest physical practical wellbeing.</p> <p>Findings include:</p> <p>1) R1 was admitted on [DATE] for deconditioning post acute hospitalization where he had surgery for a fractured left hip after a fall. He had a medical history that included but not limited to Advanced Parkinson's Disease, Diabetes Mellitus with current use of insulin, anemia post hip fracture, Hypertension, and orthostatic hypotension (sudden drop in blood pressure when you stand up). R1 usually gets around with a walker for short distances and in a wheelchair for longer distances. He had tremors, gait instability and weakness.</p> <p>2) Reviewed R1's Physician's (MD)1 orders, which included the Orthostatic BP and HR. Special Instructions: Document in nursing note. Once a day 06:00-14:00 (day shift). Start date 02/13/2024. (Orthostatic vital signs begin by asking the resident to lie supine. Wait three to 10 minutes before measuring the vital signs. Record the pulse and blood pressure. Next, ask the resident to stand (while supervised). Within three minutes, record pulse and blood pressure. (Lippincott Nursing Center 2022). A measurement while sitting may also be included.</p> <p>Reviewed R1's Care Plan (CP), which revealed on 02/13/2024 the CP was revised to add Monitor vital signs, especially BP and HR, monitor for orthostatic hypotension.</p> <p>Reviewed the Nursing Progress notes from 02/13/2024 to discharge 03/17/2024. The notes revealed the following:</p> <p>- The order for orthostatic BP and P was received 02/13/2024. The first set of orthostatic vitals were recorded on 02/20/2024, one week after the order was written.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- There were 34 days (17 in February and 17 in March) that should have had orthostatic vitals documented. Orthostatic vitals were documented in the progress notes 11 times, which was confirmed by the DON. (03/11/24, 03/10/2024, 03/04/2024, 03/03/2024,03/02/2024, 02/29/2024, 02/28/2024, 02/27/2024, 02/26/2024, 02/24/2024, and 02/20/2024)</p> <p>- On 02/28/2924, the orthostatic BP was taken, but the pulse was not.</p> <p>Reviewed the Medication Administration Record (MAR), that records one BP and P day shift. The MAR, documented R1 refused to have VS taken on 02/23/2024. On 02/21/2024, the information key documented Not administered:Other. On 03/01/2024 the information key documented Not Administered: .not taken. On 03/09/2024, the information key documented: Not Administered: Due to Condition. There were no nursing progress notes to explain these comments, or specifically why the orthostatic VS were not taken on these days</p> <p>On 03/09/2024, MD1 ordered Fludrocortision (used to treat low blood pressure when standing up) tablet; 0.1 mg oral once a day.</p> <p>Reviewed MD1's progress note dated 03/16/2024. The note included, . His (R)1 BP fluctuates, seems to be better of late, but I do not see orthostatics being documented in the log. He did drop to 90/50 yesterday at 12:44 PM.</p> <p>3) On 5/23/2024 at approximately 02:30 PM, during an interview with the Director of Nursing (DON), reviewed MD1's progress note documenting orthostatic vitals not recorded. The DON explained the facility practice is the Certified Nurse Assistants, do not take orthostatic vitals, it is an MD order, and the responsibility of the Licensed staff. He went on to say it would be the expectation that the licensed staff document the BP and HR when the resident is lying supine, sitting and then standing. At that time, he confirmed if the VS were not done, there should be a reason why documented.</p> <p>On 05/24/2024 at approximately 02:15 PM, during an interview with Registered Nurse (RN)1 in the conference room, she said she was familiar with R1, and validated her entry on the MAR of him refusing orthostatic vitals on 02/23/2023. RN1 said it is her practice is to take the BP and P when resident is lying down and then wait three minutes before changing positions and then take it sitting, and finally standing.</p> <p>On 05/24/2024 at approximately 01:00 PM, during an interview with MD1 in the conference room, he confirmed he had ordered orthostatic vitals on R1. He also confirmed he wrote a progress note when he recognized the nursing staff had not been doing the orthostatics consistently. He said it was important because he needs to confirm the hypotension prior to changing therapy, as well as monitoring after adjusting or adding new medication.</p>		