DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/05/2013
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055935 | A. BUILDING _____ B. WING _____ | 05/23/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| HA-LE ALOHA CONVALESCENT HOSPITAL | 1711 RICHLAND AVENUE CERES, CA 95307 |

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| F 000 | INITIAL COMMENTS<br><br>The following reflects the findings of the California Department of Public Health-Licensing and Certification during a RECERTIFICATION survey.<br><br>Representing the California Department of Public Health- Licensing and Certification: Federal ID 26618 RN, HFEN, 31506 RN, HFEN, 32519 RN, HFEN, and 32742 RN, HFEN.<br><br>Capacity: 46<br>Census: 38<br>Sample: 10<br>Random Residents: 0<br><br>Entity Reported Incident (ERI) Regulatory Groupings investigated for the following ERI's during the recertification survey:<br><br>CA00315373: Substantiated, no regulatory violation<br>CA00355270: Substantiated, no regulatory violation<br>CA00337127: Substantiated, no regulatory violation | F 000 | POC ACCEPTABLE YES NO<br>Reviewed By: Judy Wilson RN HFES<br>Name<br>Fax<br>Original<br>Facility Notified<br>Name: Tracy (Lynn) Administrator<br>Date: 6/25/13<br>Time: 9am<br>Notified By: Judy Wilson RN HFES<br>Name | |
| F 281 SS=D | 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS<br><br>The services provided or arranged by the facility must meet professional standards of quality.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interview, clinical record review and administrative document review, the facility | F 281 | RECEIVED<br>JUN 18 2013<br>CA DEPT. OF PUBLIC HEALTH<br>LICENSING & CERTIFICATION - FRESNO | |

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

Tracy Ann RN, NHA — 6-18-13

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.

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| F 281 | Continued From page 1 | F 281 | | |

failed to follow medication drug guidelines for a medication administered to 1 of 4 residents, Resident 10, when the medication was administered during a G-tube (gastrostomy tube inserted into the stomach through the abdomen) feeding. This failure could result in potential harm and adverse effects from poor absorption, resulting in the physician needing to increase the medication.

Findings:

During a review of the clinical record, Resident #10's physicians order dated 5/1/13 to 5/31/13, indicated Synthroid 125 mcg (micrograms) was to be given through the G-tube once daily before meals for hypothyroidism. Resident 10's physician order for diet indicated Jevity 1.2 (a liquid formula for nutrition) was to be given through the G-tube at 75 cc (cubic centimeters) an hour for 20 hours a day. This feeding was to be ran between 2 p.m., and 10 a.m.

During review of Resident 10's MAR(medication administration record) for the last year, from 6/2012 to 5/2013, indicated Resident 10 was receiving Synthroid administered daily at 6 a.m., during the G-tube feeding.

Resident #10's physicians orders, physicians progress notes, laboratory results and the MAR were reviewed. Resident 10 received Synthroid 75 mcg daily until 2/10/12. Resident 10's TSH (a thyroid stimulating hormone that causes the thyroid to produce thyroid hormones) level was 4.14, high. The normal level for TSH is 0.34 to 3.50. Synthroid was changed to 100 mcg daily until the TSH level drawn on 12/11/12. The TSH

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| F 281 | Continued From page 2<br>level on 12/11/12, was 3.77, high. Synthroid was changed now to 112 mcg daily. A TSH level drawn on 1/26/13 indicated the TSH was 4.016, high. Synthroid was increased to 125 mcg daily. During this period of time between 2/10/12 and 5/22/13, the Synthroid was given during the administration of the Jevity 1.2 feeding through the G-tube.<br><br>5/22/13 at 3:15 p.m., during an interview with the DON (Director of Nurses), the DON stated "It (Synthroid) shouldn't be given during a tube feeding, it (Synthroid) should be given on an empty stomach." The DON indicated the Synthroid should have been scheduled for after the G-tube feeding had been stopped.<br><br>On 5/22/13 at 4:20 p.m.., during an interview the DON stated "I could see the pattern and everyone missed this. The nurses gave it. The order (for Synthroid) says AC."<br><br>The facility's policy and procedure titled "Administering Medications" dated 12/2012. Number 3. on the policy indicates medications must be administered in accordance with the orders, including any required time frame and number 7. indicates the individual administering the medication must check the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication.<br><br>The professional reference provided by the facility, "Drug Information Handbook for Nursing," by Lexi-Comp, dated 2007, indicated "Levothyroxine (Synthroid) administer in the morning on an empty stomach at least 30 | F281 | F 281<br><br>Resident #10's order for synthroid was changed by the MD on 5/22/13. The synthroid is now given at noon, 2 hours after the g-tube feeding has stopped and 2 hours before it is to start again.<br><br>All other resident's currently on a feeding tube were reviewed by the DON on 5/22/13. None of them had orders for synthroid or any other medication that was to be given on an empty stomach.<br><br>On 6/11/13 the DON provided all licensed staff with an inservice on the 5 Rights of Med Pass and she specifically used the synthroid error as an example. See attached inservice records.<br><br>Starting 6/1/13 the DON began filling out the feeding tube medication check list when she recaps to ensure that residents on a feeding tube are receiving their medications per medication guidelines. See attached<br><br>Hale Aloha Medication Administration Times sheet used by the Licensed Nurses as a referral source for timing medications has been updated to include feeding tube patients that have meds that should be given AC/PC. They were oriented to the updated sheet at the inservice on 6/11/13. A copy is available at each nurse's station. See attached | 5/22/13<br><br>5/22/13<br><br>6/11/13<br><br>6/1/13<br><br>6/11/13 |

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| F 281 | Continu.ed From page 3<br>minutes before food." The Synthroid had been administered at 6 a.m., during the time the G-tube was infusing Jevity 1.2. | F 281 | | |
| F 334 SS=D | 483.25(n) INFLUENZAAND PNEUMOCOCCAL IMMUNIZATIONS<br><br>The facility must develop policies and procedures that ensure that --<br>(i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;<br>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;<br>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and<br>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:<br>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and<br>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.<br><br>The facility must develop policies and procedures that ensure that --<br>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding | F 334 | F334<br>On 6/21/13 an inservice for Licensed Staff, will be held by the DSD on our policy for giving the pneumococcal vaccine. See attached policy and notice.<br><br>The Medical Records Director has removed all standing orders for pneumococcal immunizations from the physician's orders.<br><br>By day 5 of a new resident's arrival into the facility the DON will ascertain the residents' immunization status. If pneumococcal immunization is needed or uncertain then the DON will discuss with the Resident or the Resident responsible party the pros/cons of immunization and provided them with a vaccination information sheet. The DON will have the Resident or the Resident's responsible party sign the form for consent or for declination at that time. If consent is given then the DON will direct the Charge Nurse to obtain the order for the vaccination and to give it once it has arrived from the pharmacy.<br><br>The DON will keep a Vaccination Log of all pneumonia shots that have been given and will review that yearly during flu season to see who due for a booster pneumococcal vaccination based on the CDC's recommended guidelines and physician's orders. Residents that meet the criteria for a "booster" vaccination shall be given the consent form along with a Vaccination Information Sheet | |

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| F 334 | Continued From page 4<br>the benefits and potential side effects of the immunization;<br>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;<br>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and<br>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:<br>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and<br>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.<br>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interview, clinical record and administrative document review, the facility failed to provide education to and obtain a consent for the pneumococcal immunization from the responsible party for one of six residents | F 334 | F 334 continued:<br><br>if the resident is unable to make those decisions then the forms will be sent to the resident's responsible party for his/her review and signature on the consent form or the declination area. Once the form is returned and the consent is given then the Charge Nurse will obtain the order from the MD and give the vaccination. See attached log.<br><br>No resident will be given a vaccination for pneumonia or influenza without a current informed consent received in writing or verbally from the Resident or the Resident's responsible party.<br><br>The QA committee will do a quarterly review on all new residents to ensure that they are current on their vaccinations, that the proper documentation was received and that they have been entered into the DON's log book. The QA committee will date the Vaccination Log book once that review is completed. | 6/17/13<br><br>6/17/13<br><br>6/17/13 |

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| F 334 | Continued From page 5<br>(Resident 3). This failure resulted in the lack of participation from the responsible party and a potential of harm for Resident 3.<br><br>Findings:<br><br>On 5/22/13 at 9:30 a.m., during a concurrent interview and clinical record review, the Director of Nursing (DON) was unable to find documentation of education and consent for 1/2013 pneumococcal immunization for Resident 3. The DON stated "We would have used this consent (dated 2/20/08) for January 2013 (immunization)." Resident 3's clinical record indicated Resident 3 received a pneumococcal vaccine on 1/8/13. The consent form was not found in the clinical record.<br><br>On 5/22/13 at 9:30 a.m., during an interview Social Service stated "Forms are sent to RP, families or clients in September each year. I don't do other months. I would not have sent for January immunizations."<br><br>The facility policy titled, "Vaccination of Residents" dated 12/2012, indicated ...1. Prior to receiving medications, the resident or legal representative will be provided information and education regarding the benefits and potential side effects ...2. Provision of such education shall be documented in the resident's medical record." | F 334 | | |
| F 371 SS=D | 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY<br><br>The facility must -<br>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and | F 371 | | |

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| F 371 | Continued From page 6<br>(2) Store, prepare, distribute and serve food under sanitary conditions<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, clinical record and administrative document review, the facility failed to prepare, store and serve food in a sanitary manner when: The ice machine was not cleaned and sanitized according to manufacturer guidelines. This failure placed residents and staff at risk for food borne illnesses.<br><br>Findings:<br><br>On 5/22/13 at 1:00 p.m., in the staff break room during a concurrent observation and interview, Maintenance Staff (MS) 1 stated, the ice machine is cleaned weekly with a solution called Hydro Balance (HB) for approximately 30 minutes. MS 1 further stated he was not aware of any sanitizing solution used. MS 1 was not able to remove the plastic covering of the ice machine after opening the door. The plastic covering of the ice machine covers the door assembly.<br><br>On 5/22/13 at 2:30 p.m., during a concurrent observation and interview MS 2 stated, the ice machine had not been sanitized per manufacturer guidelines and there had been no sanitizing solution provided. MS 2 was not able to remove the plastic covering of the ice machine after opening the door and stated, the last time he tried to remove the covering, it broke and was difficult | F 371 | F 371<br><br>The ice machine was shut down and ice was purchased from the store while the correct sanitizer solution was found. See attached receipts.<br><br>On 5/30/13 the sanitizer was order from Direct Supply and was received on 5/31/13. On 5/31/13 maintenance personnel sanitized the machine with the proper solution for our Manitowoc Ice Machine. They were able to get the plastic covering off without breaking it. See attached<br><br>The maintenance staff will clean and sanitize the ice machine per the manufacturer's guidelines. They will enter the date that it was cleaned and sanitized on the maintenance logs. See attached.<br><br>At least every 6 months the maintenance supervisor will complete the cleaning and sanitizing with at least one maintenance staff member to ensure that the ice machine is being properly assessed, cleaned and sanitized per the manufactures' guidelines. He will sign the ice machine log page at that time. | 5/31/13<br><br>5/31/13<br><br>5/31/13<br><br>5/31/13 |

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| F 371 | Continued From page 7<br>to replace.<br><br>A maintenance document titled "Equipment Repair Log" undated, indicated the last time the ice machine had been sanitized was on 5/10/12.<br><br>The facility policy/procedure titled "Maintenance P&P" dated 01/2013, indicated "...Clean and inspect ice machines quarterly...Clean according to manufacturer's instructions..."<br><br>The manufacturers instruction for cleaning titled "Monthly Sanitizing Procedure" undated, indicated "...Remove the front panel, paddle wheel, ice chute and door assembly. Mix a solution of 3 ounces (100 ml (milliliter) Manitowic cleaner per 1-gallon (4 liters) plain tap water. Carefully clean all parts removed from inside the bin with this cleaner. Clean the dispenser, bin, door assembly, and ice chute. Rinse all cleaned parts with fresh running tap water. Mix a solution of 3 -ounce (90 ml) Manitowic sanitizer with 4 gallons (15 ml) plain tap water. Sanitize each part washed in the previous step with this sanitizer solution. Sanitize and reassemble in this order: Paddle wheel, agitator, paddle wheel pin, ice chute assembly, scrap ice tray, front panel. Do not rinse dispenser parts after they are sanitized. Allow parts to dry..." | F 371 | | |
| F 428 SS=D | 483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON<br><br>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.<br><br>The pharmacist must report any irregularities to the attending physician, and the director of | F 428 | | |

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| F 428 | Continued From page 8<br>nursing, and these reports must be acted upon.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, consultant interview, clinical record review and administrative document review the facility failed to ensure that a Pharmacist reviewed physicians progress notes and laboratory reports to correlate medication time with a tube feeding for 1 or 4 residents, Resident 10. This failure resulted in the potential for harm and adverse effects from increasing medication dosages.<br><br>Findings:<br><br>During a review of the clinical record, Resident #10's physicians order dated 5/1/13 to 5/31/13, indicated Synthroid 125 mcg (micrograms) was to be given through the G-tube once daily before meals for hypothyroidism. Resident 10's physician order for diet indicated Jevity 1.2 (a liquid formula for nutrition) was to be given through the G-tube at 75 cc (cubic centimeters) an hour for 20 hours a day. This feeding was to be ran between 2 p.m., and 10 a.m.<br><br>During review of Resident 10's MAR(medication administration record) for the last year, from 6/2012 to 5/2013, indicated Resident 10 was receiving Synthroid administered daily at 6 a.m., during the G-tube feeding.<br><br>Resident #10's physicians orders, physicians | F428 | | |

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| F 428 | Continued From page 9<br>progress notes, laboratory results and the MAR were reviewed. Resident 10 received Synthroid 75 mcg daily until 2/10/12. Resident 10's TSH (a thyroid stimulating hormone that causes the thyroid to produce thyroid hormones) level was 4.14, high. The normal level for TSH is 0.34 to 3.50. Synthroid was changed to 100 mcg daily until the TSH level drawn on 12/11/12_ The TSH level on 12/11/12, was 3.77, high. Synthroid was changed now to 112 mcg daily. A TSH level drawn on 1/26/13 indicated the TSH was 4.016, high. Synthroid was increased to 125 mcg daily. Between 2/10/12 and 5/22/13, the Synthroid was given during the administration of the Jevity 1.2 feeding through the G-tube. The absorption of Synthroid is altered giving a false reading of the TSH. The outcome was increasing the Synthroid dose in an attempt to decrease the TSH level that was high.<br><br>During an interview on 5/22/13 at 3:15 p.m., the DON stated "It (Synthroid) should be given on an empty stomach. At 4:20 p.m., the DON stated "I could see a pattern and everyone missed this."<br><br>During a review of the "Consultant Pharmacists Medication Regimen Review Summary," dated 6/2012 to 4/2013, Resident 10's medication administration was not reviewed by the Pharmacist<br><br>During an interview on 5/22/13 at 4:30 p.m., the Pharmacist stated if he made recommendations they (the recommendations) would be in the summary report, referring to the medication regimen review summary.<br><br>The facility's policy and procedure titled | F 428 | F 428<br><br>The Pharmacy Consultant will be provided with the Feeding Tube Medications Check List that the DON has started using on his next visit. That will ensure that he is aware who is on a feeding tube at the time of his visit.<br><br>Resident #10 chart was reviewed by the MRD on 6/17/2013 and found to have been reviewed by the pharmacist on the following dates: 6/12, 7/12, 8/12, 9/12, 10/12, 11/12, 12/12, 2/13, 3/13, 5/13.<br>See attached.<br><br>The consulting pharmacist will be provided with a facility binder with a current census list in it each month so he will be aware of any changes in census or room moves. This list will be kept current by the DON. Once he has completed his monthly reviews he will sign and date that census sheet as complete for all residents. See attached<br><br>The DON will check that that binder has been signed monthly by him and will notify the Administrator if it is not for her follow-up. The DON will sign the same census sheet that the pharmacist does.<br><br>Quarterly the QA committee will review at least 5 random charts for his signature and any corresponding recommendations to ensure that the chart has been reviewed and recommendations were followed up on by nursing. The QA committee will sign and date the same census sheet that the pharmacist does at the time of the review. | 6/17/13<br><br>6/17/13<br><br>6/17/13<br><br>6/17/13 |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/05/2013
FORM APPROVED
OMB NO 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055935 | A. BUILDING _____ B. WING | 05/23/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HA-LE ALOHA CONVALESCENT HOSPITAL | 1711 RICHLAND AVENUE CERES, CA 95307 |

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|---|---|---|---|---|
| F 428 | Continued From page 10<br>"Consultant Pharmacists Reports," indicated "...Medication Regimen Review (Monthly Report)...the consultant pharmacist reviews the medication regimen of each resident at least monthly...the consultant pharmacist identifies irregularities through a variety of sources including MARS, prescriber's orders, progress notes of prescriber, laboratory and diagnostic test results" "...Resident is monitored for change in dose....compatibility with other medications and diet..."<br><br>During a review of the administrative document titled "Geriatric Dosage Handbook," undated indicated "Levothyroxine, administer in the morning on an empty stomach, at least 30 minutes before food...TSH is the most reliable guide for evaluating the adequacy of thyroid replacement dosage." | F 428 | | |
| F 458 SS=B | 483.70(d)(1)(ii) BEDROOMS MEASUREAT LEAST 80 SQ FT/RESIDENT<br><br>Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms.<br><br>This REQUIREMENT is not met as evidenced by:<br>Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms.<br><br>This requirement is not met as evidenced by:<br>"Waiver" During the survey period 5/20/13 through 5/23/13, the following rooms did not provide the minimum square footage as required by regulation: | F 458 | | |

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|---|---|---|---|---|
| F 458 | Continued From page 11<br>Room Number/Square Feet/ Number of Beds<br><br>1 1452<br>2 1442<br>3 1412<br>4 1412<br>5 2153<br>6 2133<br>11 1392<br>12 1382<br>13 2133<br>14 2123<br>15 1402<br>16 1382<br>17 1472<br><br>The residents had a reasonable amount of privacy. Closet space and storage space were adequate. Bedside stands were available. There was sufficient room for nursing care and ambulatory and non ambulatory residents. Toilet facilities were accessible.<br><br>RECOMMEND WAIVER CONTINUE IN EFFECT. | F458 | | |