STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125003	A. BUILDING _____ B. WING _____	**05/28/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
KULA HOSPITAL	**100 KEOKEA PLACE KULA, HI 96790**

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 0684 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**Provide appropriate treatment and care according to orders, resident's preferences and goals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide adequate staffing that resulted in poor quality of care for four Residents, (R)1, 2, 3, and 4 either residing in or discharged from the facility. The deficient practice had the potential to affect four residents who did not receive nursing care in accordance with professional standards of practice related to short staffing on the second and fourth floor of the facility. Bladder patterns were affected for two residents (R2 and R3) who went from being continent to an increased pattern of incontinence due to having to wait for help. One resident R2, who has a high risk for falls had a fall that occurred due to having to wait for help to get up to the restroom. R1 had pressure sores on her back that worsened since there weren't enough staff working to turn and reposition her routinely. Findings include: Cross Reference: F725 1) Surveyor reviewed intake notes for Aspen Complaint Tracking (ACTS) number 7990 reported to the Office of Healthcare Assurance (OHCA) on 12/30/19. The Family member (FM)1 called to report concerns about the care of her [AGE] year-old mother, R1 who resided in the facility for eight years. FM1 noticed significant short staffing on the fourth floor over the month of December 2019. FM1 stated that there have only been three staff on average for the day and eve shift. The floor is supposed to have five staff on duty, one Registered Nurse (RN) and four Certified Nurse Aides (CNA)'s. FM1 added concerns about her mother losing weight and poor personal care which she felt resulted from the shortage of staff to assist R1 with feeding. Surveyor reviewed a second complaint (ACTS number 8208) received by OHCA on 04/17/20. OHCA chief received an email from the Hawaii State Department of Health (DOH) Deputy Director's office on 04/16/20 notifying OHCA about a concerned daughter, (FM1). In her email to the Deputy Director, FM1 stated concerns about her mother 's care (R1) because of staff shortages at the facility, stating that patients need more care, and the staff who are working the night shift work overtime, staying throughout the next day shift. FM 1 added that her mom, R1 had bed sores on her back and the night shift staff were not able to turn her as required since there were not enough CNA's working on the floor. Surveyor interviewed FM1 via telephone call on 04/21/20 at 02:30 PM. FM1 stated that her mother, R1 had just passed away and was receiving hospice services while in the facility. FM1 emphasized the concerns she had related to short staffing in the facility and that she has had these concerns for a long time. FM1 added that staff often had to work overtime during the past six months on both day and evening shifts. She feels that the patients need more staff to meet their care needs at the facility. Surveyor queried the management team during the entrance conference on 05/28/20 at 09:30 AM about any concerns regarding adequate staffing and was told there were no concerns and that the staff were coming in to work and the call outs had decreased since the start of the COVID-19 pandemic. 2) Surveyor reviewed the medical record for R2 and noted she was admitted to the facility on [DATE] for rehabilitation services secondary to right [MEDICAL CONDITION] suffered after a stroke. She is currently residing on the second floor and was recently transferred from third floor to second floor. Surveyor interviewed R2 in her room on 05/28/20 at 12:30 PM who stated that when she was on third floor, the staff there were excellent. We never had to wait for help. Here on this floor, they are always short staffed, when we ring the call light they make us wait. I also think they don't do a good job when they clean us because they are in such a rush. When I must pee and must wait I've had accidents (incontinence). When I first came here, I didn't have accidents. I did talk to the charge nurse about it and she always says she's working on it. My roommate R3, has had two falls while trying to get up from her wheelchair because she had to go to the bathroom and couldn't wait. Surveyor reviewed the bowel bladder flowsheets for R2 from 04/24/20 to 05/19/20 and verified R2 had incontinence on eleven days on the day shift after coming to the second floor. 3) Surveyor interviewed R3 who also has a [DIAGNOSES REDACTED]. The CNA ' s are good here but they don' t always come right away and when I got to go, I got to go. I never had an accident (incontinence) on the third floor and here I have accident's a lot. Once when I got tired of waiting for help I tried to get up from my wheelchair and fell from my chair. 4) Surveyor interviewed FM2 regarding her mother (R4) on 05/28/20 at 10:34 AM, stated that she stayed overnight with her mother when R4 first transferred there. At night, there is such short staff. My mom is supposed to be checked on every 15 minutes with every hour pulse ox (oximetry; a pulse oximeter is medical device that indirectly monitors the oxygen saturation of a patient's blood) check, but she wouldn't be checked for hours. She further states, By and large the staff have been kind to me. But, I still worry about the care my mom receives because of the short staffing. Surveyor reviewed the medical record for R4, the Care Conference Summary Sheet dated 02/06/20, stated, All care being provided to resident needs to have 2 staff at all time even if just checking in on resident.
F 0725 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide enough staffing to meet the care needs of four Resident's (R)1, 2, 3, and 4 who were residing in the facility. The deficient practice potentially affected bladder patterns for two of the three residents by not helping them to the toilet in a timely manner. Additionally, R2 who is a high fall risk suffered a fall from her wheelchair while waiting to get help to the bathroom and R1 had pressure sores on her back that worsened since there weren't enough staff working to turn and reposition her routinely. Findings include: Cross reference: F684 1) Surveyor reviewed intake notes for Aspen Complaint Tracking (ACTS) number 7990 reported to the Office of Healthcare Assurance (OHCA) on 12/30/19. The Family member (FM)1 called to report concerns for the care of her [AGE] year-old mother, R1 who resided in the facility for eight years. FM1 noticed significant short staffing on the fourth floor over the month of December 2019. FM1 stated that there have only been three staff on average for the day and eve shift's. The floor is supposed to have five staff on duty, one Registered Nurse (RN) and three certified nurse aides (CNA)' s. FM1 added concerns regarding weight loss and personal care resulting from the shortage of staff. Surveyor reviewed a second complaint from FM1 (ACTS number 8208) received by OHCA on 04/17/20. OHCA chief received an email from the State Department of Health, Deputy Director's office on 04/16/20 notifying OHCA about a concerned daughter, (FM1). In her email to the Deputy Director, FM1 stated concerns about her mother's care (R1) because of staff shortages at the facility, stating that patients need more care, and the staff who are working the night shift work overtime, staying throughout the day shift. FM1 added that her mom, R1 had bed sores on her back and the night shift staff were not turning her. Surveyor interviewed FM1 via telephone call on 04/21/20 at 02:30 PM and reported that her mother R1 had passed away after being in hospice at the facility. FM1 restated the concerns related to short staffing in the facility that were previously reported

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

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 0725 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 1) to OHCA. FM1 added that every day in the past six months day and evening shift staff had to work overtime. The patients need more care at the facility to meet their care needs. Surveyor reviewed the staffing schedules from 04/26/20 to 05/31/20. The schedule revealed the following: Day shift requires one Registered Nurse and four Certified Nurse Aides (CNA)'s on the Day and Eve shift and one RN and 2 CNA's on night shift. Surveyor reviewed the actual staffing schedules for second and fourth floors from From 01/01/20 through 05/01/20. On average, on day and eve shifts, staff frequently worked overtime and at times were short one or two CNA's. 2) Surveyor reviewed the medical record for R2 and noted she was admitted to the facility on [DATE] for rehabilitation services secondary to right [MEDICAL CONDITION] from a stroke. She was recently transferred from third floor to second floor. Surveyor interviewed R2 on 05/28/20 at 12:30 PM who stated that when she was on third floor she felt the staff there were excellent. Here on this floor (second) they are always short staffed. When we ring the call light they make us wait. I also think they don't do a good job when they clean us because they are in such a rush. When I must pee and must wait I've had accidents (incontinence). When I first came here, I didn't have any accidents. I talked to the charge nurse about it and she says she's working on it. My roommate (R3) has had two falls while getting up from her wheelchair. Surveyor reviewed the bowel bladder flowsheets for R2 from 04/24/20 to 05/19/20 and verified R2 had incontinence on eleven days on the day shift after coming to the second floor. 3) Surveyor interviewed R3 who also stated that the staff were great upstairs (on the third floor). The CNA's are good here but they don't always come right away and when I got to go, I got to go. I never had an accident (incontinence) on the third floor and here I have an accident all the time. I waited and waited for help to come and then tried to get up and fell from my wheel chair. Surveyor interviewed an anonymous staff on 05/28/20 at 1:24 PM who stated that the unit has its staffing challenges. People call out sick. Not a lot of staff want to come up here to do long term care. When everyone comes to work, we do have enough people to cover the needs of the residents. Unfortunately, it becomes a challenge when people call in sick, especially if they are scheduled to do a double shift. We have [MEDICATION NAME] and agency staff and the [MEDICATION NAME] call out too. Surveyor overheard a telephone conversation from the second floor Charge Nurse (CN) and another party on 05/28/20 at 02:34 PM. The CN stated she is concerned since a staff member for the next shift called out sick and was scheduled to do a double shift today. 4) Surveyor interviewed FM2 regarding her mother's (R4)'s care on 05/28/20 at 10:34 AM, stated that she stayed overnight with R4 when she first transferred there. At night, there is such short staff. R4 is supposed to be checked on every 15 minutes, with every hour pulse ox (oximetry; a pulse oximeter is medical device that indirectly monitors the oxygen saturation of a patient's blood) check, but she wouldn't be checked for hours. She further states, By and large the staff have been kind to me. But, I still worry about the care my mom receives because of the short staffing. Surveyor reviewed R4's medical record, the Care Conference Summary Sheet dated 02/06/20, states, All care being provided to resident needs to have 2 staff at all time even if just checking in on resident. Surveyor made observations on the unit on 05/23/20 from 11:00 AM to 01:30 PM. The unit was noisy and busy with frequent resident call lights. The resident call lights were being answered by the CN and relayed to the CNAs via a walkie talkie. The CN answered a call light to assist a resident to the rest room. The unit phone was constantly ringing at the nursing station, but not answered because the unit secretary was at lunch. The charge nurse also dealt with multiple contractors coming to the unit and dealt with a delivery issue. At approximately 12:40 PM, the unit secretary told the CN that she has called every staff on the staffing list to ask them to come in and cover the evening shift, but was unsuccessful. The CN asked the unit secretary to ask one of the currently working day shift staff to stay and cover the shortage on evening shift. In an interview with the CN on 05/28/20 at 01:41 PM, she stated, There is not enough staff when people call out sick and staff are either mandated or asked to stay. There is one RN for 23 residents and four CNA's during the day, three CNA's during the evening and two CNA's at night.