

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

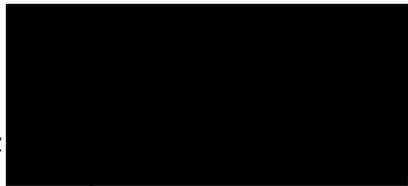
Facility's Name: <b>The Plaza at Mililani</b>	<b>CHAPTER 90</b>
Address: <b>95-1050 Ukuwai Street, Mililani, Hawaii 96789</b>	Inspection Date: <b>January 14 &amp; 15, 2015 Bi-Annual</b>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-5 <u>Emergency care and disaster planning.</u> (a)(4) There shall be written policies and procedures to follow in an emergency which shall include provisions for the following:</p> <p>Quarterly rehearsal of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><b>FINDINGS</b> No quarterly fire drill for 3<sup>rd</sup> quarter (July, August, September) of 2014.</p>	<p>We retrained our Director of Housekeeping and maintenance that fire drills are to be done quarterly. We reviewed the emergency care and disaster planning policy. We input a recurring event reminder on The Director of Housekeeping and Maintenance and the Administrator's outlook calendar to alert us on the 1st Monday of each quarter (January, April, July, October) to plan and implement a fire drill.</p>	<p>01/15/15</p> <p>02/12/15</p>
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (d) The facility shall have written policies and procedures which incorporate the assisted living principles of individuality, independence, dignity, privacy, choice, and home-like environment.</p> <p><b>FINDINGS</b> [REDACTED]</p>	<p>We retrained the Charge Nurses at a nursing meeting regarding our facility's policies and procedures for [REDACTED] of [REDACTED]. We created a new incident report specific for [REDACTED] of [REDACTED]. See attached.</p>	<p>01/22/15</p> <p>02/13/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]	We have requested for [REDACTED] to print the Physician's [REDACTED] on all MARs of residents we do [REDACTED] on. This will make it easier for the charge nurses to identify when to do an incident report.	02/13/15
☒	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(ii) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>The facility shall provide and implement policies and procedures which assure that all medications administered by the facility are reviewed at least once every 90 days by a registered nurse or physician, and is in compliance with applicable state laws and administrative rules.</p> <p><b>FINDINGS</b></p> <p>[REDACTED] Clarify order.</p>	<p>We obtained a telephone order from resident's physician to clarify the [REDACTED] order.</p> <p>We requested a new physician order sheet from [REDACTED] for physician to review and sign.</p>	02/18/15
☒	<p>§11-90-9 <u>Record and reports system.</u> (a)(4)</p> <p>The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Incident reports of any bodily injury or other unusual circumstances affecting a resident which occurs within the facility, on the premises, or elsewhere, shall be retained by the facility under separate cover, and be available to authorized personnel and the department. The resident's physician or primary care provider shall be called immediately if medical</p>	<p>We retrained the charge nurses at a nursing meeting that incident reports need to be complete with the time, date and activity. The Director of Nursing and/or Acting Director of Nursing were retrained to ensure that these details are correct and complete when signing off on the incident report. The Administrator will review all incident reports and any incorrect information will be addressed to the charge nurse who made the report for correction.</p>	01/22/15

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>care is necessary or indicated.</p> <p><b>FINDINGS</b>  Policy and Procedures section 12-2b state that incident reports be complete with time, date and activity. Multiple incident reports missing time of incident and had wrong dates.</p>		

Licensee/Administrator's Signature:



Print Name:

Date: 02/18/15