

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Oceanside Hawaii Assisted Living	CHAPTER 90
Address: 53-594 Kamehameha Highway, Hauula, Hawaii 96717	Inspection Date: January 5, 6 & 7, 2015 Bi-Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-3 <u>Licensing</u> (o)(10)(D) Applications for licensure shall be made to the department on a form provided by the department and shall include full and complete information as follows:</p> <p>Evidence that the premises comply with state and county building, housing, fire, and other codes, ordinances, and laws for the type of occupancy to be licensed. Compliance shall include but not be limited to the following:</p> <p>Applicable state laws and administrative rules relating to sanitation, health, and environmental safety.</p> <p><b>FINDINGS</b></p> <ol style="list-style-type: none"> <li>1. Room 323 has urine smell in the common area.</li> <li>2. Bedroom 323B floor dirty.</li> <li>3. Exit stairwell window from 2<sup>nd</sup> to 4<sup>th</sup> floor open too wide and poses a safety issue for residents.</li> </ol>	<p>The Carpets in room 323 was shampooed. The stairwell window was secured with a wood framed window guard (picture attached).</p> <p>The Environmental Services Director (ESD) established and maintains a schedule of rooms to be cleaned on a weekly basis. The housekeepers were instructed to note when a residents room may need to be cleaned more than once a week. The housekeepers inform the ESD when a room needs to be scheduled for more frequent cleaning. The ESD schedules the rooms to be cleaned as needed to ensure the rooms are maintained in a sanitary and odor free condition.</p>	2/17/15
<input checked="" type="checkbox"/>	§11-90-5 <u>Emergency care and disaster planning.</u> (a)(4)		

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
	<p>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 monthly fire drills conducted January 2014 thru September 2014.</p>	<p>The ESD was promoted to his current position in October 2014 and has maintained the fire drill schedule according to regulations.</p> <p>The Executive Director reviews the fire drill record to ensure drills are conducted monthly and randomly.</p>	2/17/15
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (b) All facility staff shall be in compliance with current department tuberculosis clearance procedures.</p> <p><b>FINDINGS</b></p> <ol style="list-style-type: none"> <li>1. For staff members [redacted] and [redacted] two-step tuberculosis (TB) test completed after date of hire.</li> <li>2. No read date for second step of two-step TB test for staff member [redacted]. <b>Submit a copy of dated second step with your plan of correction (POC).</b></li> </ol>	<p>[redacted]</p> <p>Human Resource (HR) staff corrected past practice of documenting hire dates and start of work dates as being different dates. Hire dates now are documented as date that all pre-employment requirements are met and documented as actual start of work dates.</p>	2/17/15
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (c) All staff shall be trained in cardiopulmonary resuscitation and first aid.</p> <p><b>FINDINGS</b></p> <ol style="list-style-type: none"> <li>1. No cardiopulmonary resuscitation certification for staff member [redacted]. <b>Submit a copy with your (POC).</b></li> <li>2. No current first aid certification for staff members [redacted]. <b>Submit a copy your (POC).</b></li> </ol>	<p>Staff Member [redacted] received CPR/AED/First Aid training in July 2014. First Aid Training for [redacted] - 2/16/15, [redacted] - 2/17/15</p> <p>[redacted]</p> <p>HR staff created a spreadsheet documenting current status of all staff to monitor, remind, and ensure that they maintain CPR/AED/First Aid certification according to regulations.</p>	2/17/15
<input checked="" type="checkbox"/>	<p>§11-90-7 <u>Inservice education.</u> (1) There shall be a staff inservice education program for the</p>	[redacted]	2/17/15

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	<p>entire staff that includes:</p> <p>Orientation for all new employees to acquaint them with the philosophy, organization, practice, and goals of assisted living;</p> <p><b>FINDINGS</b> No documentation of orientation for staff members [REDACTED]</p>	<p>HR staff established a new general orientation program and will ensure that all new employees receive general orientation education on their first day of work.</p>	
<input checked="" type="checkbox"/>	<p>§11-90-7 <u>Inservice education.</u> (2) There shall be a staff inservice education program for the entire staff that includes:</p> <p>Ongoing inservice training on a regularly scheduled basis (minimum of six hours annually).</p> <p><b>FINDINGS</b> The following staff members did not have for the required six (6) hours of inservice education:  staff member [REDACTED] short 3.5 hours,  staff member [REDACTED] short 4.5 hours,  staff member [REDACTED] short 3.5 hours,  staff member [REDACTED] short 2.5 hours, and  Staff member [REDACTED] short 1.5 hours.  <b>Submit verification of the needed number of inservice education hours for each of the above staff member. These hours will not count toward your next bi-annual inspection.</b></p>	<p>[REDACTED]</p> <p>HR staff created a spreadsheet documenting all inservice education provided for staff members and will ensure that all staff members receive a minimum of 6 hours of inservice education annually.</p>	<p>2/17/15</p>
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(1) Service plan.</p> <p>The assisted living facility staff shall conduct a comprehensive assessment of each resident's needs, plan and</p>	<p>Service Plans were updated for resident: [REDACTED]</p>	<p>2/17/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>implement responsive services, maintain and update resident records as needed, and periodically evaluate results of the plan. The plan shall reflect the assessed needs of the resident and resident choices, including resident's level of involvement; support principles of dignity, privacy, choice, individuality, independence, and home-like environment; and shall include significant others who participate in the delivery of services;</p> <p><b>FINDINGS</b> No initial service plan for residents [REDACTED]</p>	<p>The Wellness Director has implemented a Resident Care Tracking Database to provide the staff with reminders when each resident's next Assessment, Physical, TB test, POS, and Monthly Summaries are due. (Example is attached)</p>	
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><b>FINDINGS</b> No annual review or update of service plans for resident [REDACTED]</p>	<p>[REDACTED]</p> <p>The Wellness Director has implemented a Resident Care Tracking Database to provide the staff with reminders when each resident's next Assessment, Physical, TB test, POS, and Monthly Summaries are due. (Example is attached)</p>	<p>2/17/15</p>
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(B) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Three meals daily, seven days a week, including modified diets and snacks which have been evaluated and approved by a dietitian on a semi-annual basis and are appropriate to residents' needs and choices;</p>	<p>No findings indicated</p>	

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	<b>FINDINGS</b>		
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p><b>FINDINGS</b> No documentation that menus were evaluated and approved by your consultant registered dietitian on semi-annual basis.</p>	<p>Menus were reviewed by the Registered Dietician (RD) and documentation provided directly to DOH by RD (email verification attached).</p> <p>Executive Chef (EC) in charge of dietary issues will interact with RD consultant and provide copies of menus to ensure they meet the dietary requirements on a semi-annual basis. The EC will maintain a file of all menus approved by the RD for the review of the department upon request.</p>	2/17/15
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(3) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Contracts or other documents which set forth details of services to be delivered, charges, and other conditions agreed to between the resident and the facility;</p> <p><b>FINDINGS</b></p>	<p>[REDACTED]</p> <p>The Wellness Director created a spreadsheet to document that all required services are provided to the residents within the time period stipulated by the regulations.</p>	2/17/15

Licensee/Administrator's Signature:



Print Name: Walter H. Long, Executive Director

Date: 2/17/15