




Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Roselani Place Assisted Living Facility	CHAPTER 90
Address: 88 South Papa Avenue, Kahului, Hawaii 96732	Inspection Date: July 13&14, 2015 Biennial

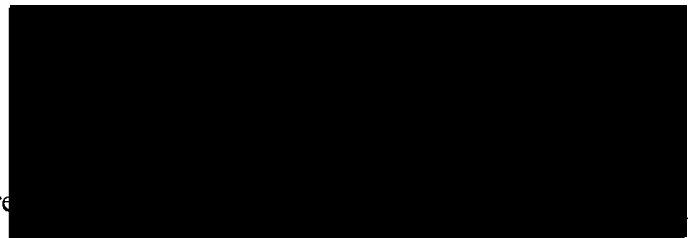
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-5 <u>Emergency care and disaster planning.</u> (a)(4) There shall be written policies and procedures to follow in an emergency which shall include provisions for the following:</p> <p>Quarterly rehearsal 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>FINDINGS No fire drill conducted for the fourth quarter of 2014 (October, November or December 2014.)</p>	SEE ATTACHED	July 20, at 2015 and ongoing
<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>FINDINGS Employees [REDACTED] tuberculosis (TB) screening form signed by a LPN or RN. All TB attestation (screening) forms must be signed by a physician or APRN.</p>	SEE ATTACHED	August 7, 2015 and ongoing

	Rules (Criteria)	Plan of Correction	Completion Date
<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 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>FINDINGS </p>	<p>SEE ATTACHED</p>	<p>July 26, 2015</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>FINDINGS</p> <ol style="list-style-type: none"> 1. Resident  service plan not signed by resident or family. 2. Resident  service plan says "Full code" however resident has advanced directives which state "DNR." 	<p>SEE ATTACHED</p>	<p>1) July 14, 2015 2) July 17, 2015 3) July 14, 2015</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-90-8 <u>Range of services.</u> (b)(3)(A)(i) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Self-medication:</p> <p>Residents must have physician or prescribing advanced practice registered nurse's written order of approval for self-medication of prescription medications;</p> <p>FINDINGS Resident [redacted] no physician or APRN orders for self-administration of medications.</p>	SEE ATTACHED	August 5, 2015
☒	<p>§11-90-8 <u>Range of services.</u> (b)(3)(A)(v) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Self-medication:</p> <p>Residents who self-medicate with prescription drugs or maintain over-the-counter drugs in their units shall have all their medications reviewed by either a registered pharmacist, registered nurse, or physician at least every 90 days.</p> <p>FINDINGS Resident [redacted] no 90 day review of medications completed by</p>	SEE ATTACHED	<p>July 26, 2015</p> <p>Target Dates: 1) August 1, 2015 2) 2 weeks prior to scheduled review 3) within 1-2 days of review</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RN, physician or APRN.		

Licensee/Administrator's Signature



Print Name: STEVEN Hansen

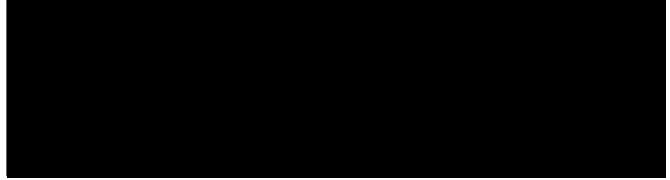
Date: 10-20-2015

11-90-5(a)(4):

CORRECTION OF DEFICIENCY:

Annual Fire Drill Calendar was developed and fire drills scheduled quarterly for 2015, 2016 and 2017.

Safety Committee Designee/Maintenance Supervisor in-serviced on compliance.



11-90-6(b):

CORRECTION OF DEFICIENCY:

Employees [REDACTED] notified that new TB screening forms to be completed and signed off by their physician or APRN.

PLAN TO PREVENT FUTURE DEFICIENCIES:

1. Compile list of all employees that require screenings (history of positive PPD) for annual TB clearance.
2. Notify all such employees that a physician or APRN must sign forms each year and have them complete a new form as soon as possible with MD/APRN signature.
3. Adjust reminder notices for those employees to allow time for physician appointments if needed, prior to expiration of previous TB clearance.
4. Review all TB surveys to ensure appropriate signature is present. [REDACTED]

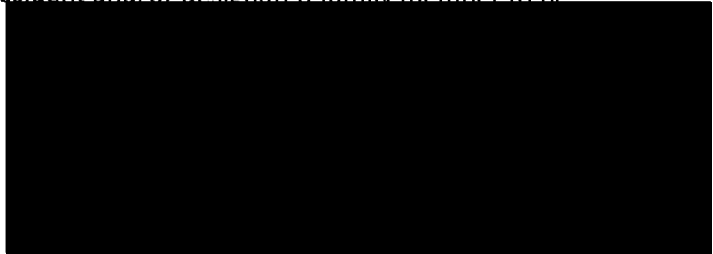
11-90-8(a)(1):

CORRECTION OF DEFICIENCY:



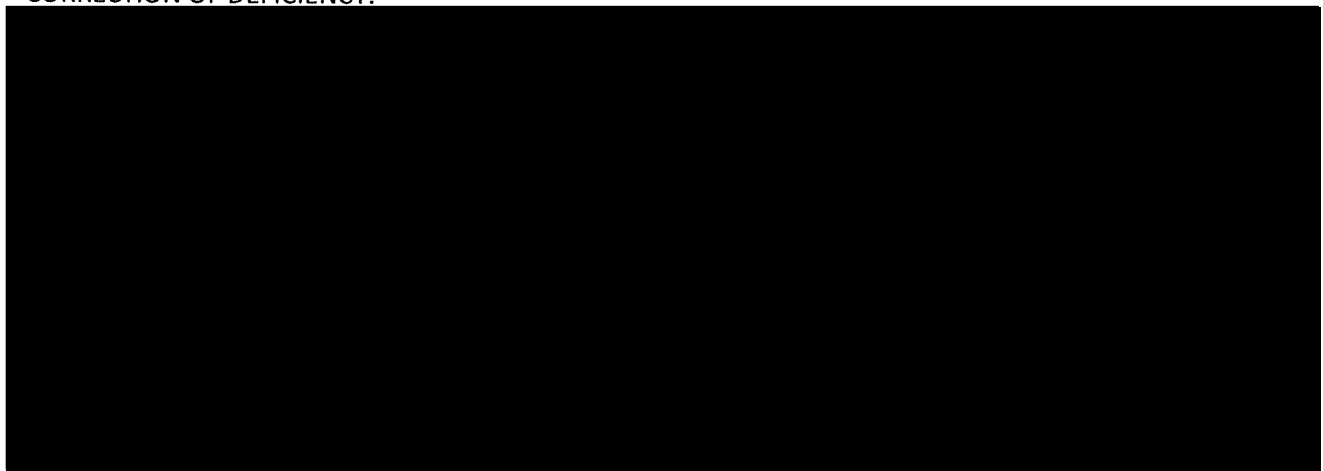
PLAN TO PREVENT FUTURE DEFICIENCIES:

RN to review current medication list and service plan with each reassessment to ensure congruency and update each of the above with changes, as indicated. Resident and/or designated family member to be involved with all assessments.



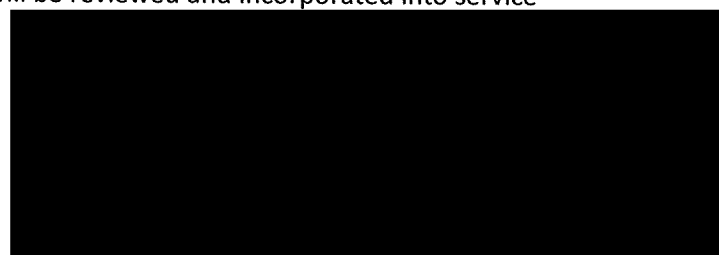
11-90-8(a)(3):

CORRECTION OF DEFICIENCY:



PLAN TO PREVENT FUTURE DEFICIENCIES:

1. Resident/family will sign service plans when at time of assessment/re-assessment.
2. All resident directive documents and assessment/service plans and will be checked for congruency on admission, and during periodic reassessments (at least annually). Discrepancies will be clarified with resident and/or physician and corrected as soon as possible if indicated.
3. Physical, functional, and self-medication assessments will be reviewed and incorporated into service plan at initial development and at each review/revision.



11-90-8(b)(3)(A)(i):

CORRECTION OF DEFICIENCY:



PLAN TO PREVENT FUTURE DEFICIENCIES:

RN will continue to review physician orders on all new residents, including orders allowing or disallowing for self-administration of prescription and over-the-counter medications.

If there is a change in whether or not a resident may self-administer their own medication, an order reflecting the change will be obtained from the physician or APRN.



11-90-8(b)(3)(A)(v):

CORRECTION OF DEFICIENCY:



PLAN TO PREVENT FUTURE DEFICIENCIES:

1. Maintain and adhere to a schedule of when resident 90-day reviews are due.
2. Request current medication list from residents' physician prior to each review.
3. Fax completed nursing Self Medication Assessment form to physician for review, clarification, and signature.

