

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: The Plaza at Waikiki | CHAPTER 90 |
| Address: 1812 Kalakaua Avenue, Honolulu, Hawaii 96815 | Inspection Date: June 29 & 30, 2016 Biennial |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|--|--|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-90-3 <u>Licensing.</u> (o)(10) 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><u>FINDINGS</u> Range hood system should be inspected semi-annually by an independent source. Last inspection completed August 2015.</p> | <p>The range hood Ansul suppression system inspection was completed Tuesday, July 26, 2016 with The Plaza at Waikiki's independent source.</p> <p>The Plaza at Waikiki's Administrator and Director of Maintenance and Housekeeping will maintain a calendar of necessary inspections and equipment servicing dates, and coordinate timely inspections with our independent sources. Moving forward, the range hood inspection will occur semi-annually.</p> | July 26, 2016 |
| <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><u>FINDINGS</u> Employee #1 two-step tuberculosis skin test completed</p> | <p>Prior to starting employment, all new employees must submit proof of tuberculosis clearance. The Business Office Manager, with Administrator assistance, will manage pre-employment tuberculosis compliance and will use an automatic reminder system to track reoccurring annual tuberculosis compliance.</p> | October 7, 2015 |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| | 10/7/15, after the start date of 9/30/15. | | |
| ☒ | <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>FINDINGS section 5 of the facility policy and procedures for alert charting states that _____ require alert charting every shift for 72 hours. _____ and alert charting was not done as policy states. Policy and Procedures not being followed.</p> | <p>We have reviewed our alert charting policy and re-trained staff on Friday, July 1st and again on Friday, July 22,</p> <p>The shift charge nurse will be responsible for complying with this procedure and the Director of Nursing and Assistant Director Nursing will conduct ongoing checks to ensure compliance.</p> | July 1, 2016 |
| ☒ | <p>§11-90-8 <u>Range of services.</u> (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p>FINDINGS _____</p> | <p>On Thursday, June 30, 2016, Resident #1's service plan was updated to include the consumption of _____, per physician's orders. Training was also conducted on Friday, July 1, 2016 with personal who conduct service plans to reiterate this requirement. The Director of Nursing and Assistant Director of Nursing will also conduct ongoing service plan reviews to ensure compliance.</p> | June 30, 2016 |

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| <input checked="" type="checkbox"/> | <p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(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>Administration of medication:</p> <p>Prescription and non-prescription medications which the facility has responsibility for administering to a resident must be identified in the resident's record and must be prescribed in writing for the resident by a physician or prescribing advanced practice registered nurse;</p> <p><u>FINDINGS</u> Resident #1 physician orders [REDACTED] Medication administration record (MAR) indicates the [REDACTED] is being administered as needed for [REDACTED]. MAR and orders do not match and physician orders are not being followed as written. Clarify orders with physician.</p> | <p>Resident #1's physician orders for [REDACTED] was clarified on Tuesday, July 26, 2016 and the MAR has been update to reflect updated orders. Training was conducted with nursing staff on Friday, July 1, 2016 and again on Friday, July 22, 2016 to remind staff that the MAR must always be updated when new physician orders are received. The night charge nurse will also begin periodic reviews of the MAR.</p> | <p>July 26, 2016</p> |

Licensee's/Administrator's Signature: Colby Takeda

Print Name: Colby Takeda

Date: July 26, 2016