

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

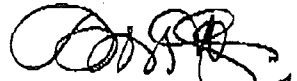
Facility's Name: Regency at Puakea, L.L.C.	CHAPTER 90
Address: 2130 Kaneka Street, Lihue, Hawaii 96766	Inspection Date: April 12 & 13, 2017 Biennial

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-3 Licensing (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><u>FINDINGS</u></p> <ol style="list-style-type: none"> 1. Walk in refrigerator in the kitchen had encrusted rust on ceiling. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>See attached</i></p>	<p style="text-align: center;"><i>04/13/2017</i></p>

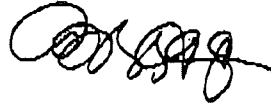
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-3 <u>Licensing (c)(10)(D)</u> Applications for licensure shall be made to the department on a form provided by the department and shall include full and complete information as follows:</p> <p>Evidence that 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><u>FINDINGS</u></p> <p>1. Walk in refrigerator in the kitchen had encrusted rust on ceiling.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>see attached</i></p>	<p style="text-align: center;"><i>04/13/2017</i></p>

§11-90-3 Licensing (c) (10) (D) The walk-in refrigerator in the kitchen receives daily cleaning (mopped/organized). In addition, a checklist is in effect on 04.13.2017, to ensure all aspects of the walk-in is clean including the ceiling.


12.25.2017

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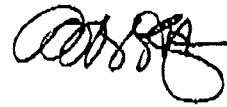
§11-90-3 Licensing (o) (10) (D) Yes, the soap dispenser in Building A, 2nd floor laundry room hand sink was immediately refilled on 04.13.2017.

A handwritten signature in black ink, appearing to be "D. G. G." with a large initial "D" and a stylized "G".

12.25.2017

	Rules (Criteria)	Plan of Correction	Completion Date
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§11-90-3 Licensing (o) (10) (D) Housekeeping Supervisor and staff will check all soap dispensers throughout the community in the morning and prior to end of shift effective 04.14.2017.



12.20.2017

	Rules (Criteria)	Plan of Correction	Completion Date
<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: Ongoing inservice training on a regularly scheduled basis (minimum of six hours annually).</p> <p>FINDINGS Employee #1 took only four (4) training classes for a total of 2 hours during the inspection year. Six (6) hours are required for every employee during each year.</p>	<p align="center">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center">See attached</p>	<p align="center">05.15.2017</p>

§11-90-3 Licensing (2)

Yes, on 05.15.2017, Wellness Director scheduled with employee #1 to come in for (2) hours to complete in-services missed. Employee #1 is now compliant and has fulfilled the annual (6) hour in-service requirement.

Employee # 1 fulfilled two (2) hours of missed in services on May 15, 2017. Wellness Director in-serviced Employee # 1 on the following:

- Hearing aid care and use -30 minutes
- Understanding Neuropathy – 30 minutes
- Customer Service for Residents in Memory Care – 60 minutes

[Handwritten Signature]
12.25.2017

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> Employee #1 took only four (4) training classes for a total of 2 hours during the inspection year. Six (6) hours are required for every employee during each year.</p>	<p>PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN; WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>See attached</i></p>	<p><i>04/14/2017</i></p>

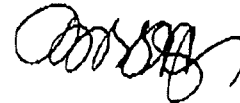
§11-90-3 Licensing (2)

Front Office Staff to review (04.14.2017) employee in-service tracking log on a monthly basis. Front Office Staff to confirm the employee is on track to accumulating their required six (6) in-service hours for the year from April to April. Front Office Staff to notify employee's supervisor of delinquent hours required to complete and comply with State regulation.

All records of training now include the following:

- Date of completion
- Time required for completion of training
- Name of the person who took the training (signature)

Name of instructor giving the training

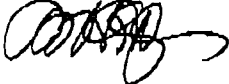

12.25.2017

7a

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u> No documentation that menus were evaluated and approved by a dietitian on a semi-annual basis.</p>	<p align="center">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center"><i>See attached</i></p>	<p align="center"><i>04.24.2017</i></p>

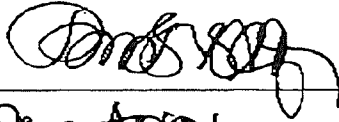
§11-90-8 Range of services: (b) (1) (B)

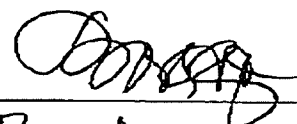
Yes, the dietitian evaluated and approved menus. Evaluated menus emailed to State Licensing Public Health Nutritionist on 04/24/2017 for review and approval.


12.25.2017

	Rules (Criteria)	Plan of Correction	Completion Date
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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 Range of services: (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><u>FINDINGS</u> No documentation that menus were evaluated and approved by a dietitian on a semi-annual basis.</p>	<p>PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Dietitian shall review menus on a monthly basis. The Dietitian to provide evaluation on a semi-annual basis to comply with State regulation.</p>	<p>04/24/2017</p>

Licensee/Administrator's Signature: 
Print Name: Pam Arroyo
Date: 10.12.2017

Licensee/Administrator's Signature: 
Print Name: Pam Arnold
Date: 12.25.2017