Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: **Hiolani Assisted Living Center at Kahala Nui**	**CHAPTER 90**
Address: **4389 Malia Street, Honolulu, Hawaii, 96821**	**Inspection Date: February 13 & 14, 2019 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-6 General policies, practices, and administration. (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. **FINDINGS** Review of resident #3's medication record revealed that Atenolol was not made available from 12/17/17-1/17/18. On the back side of the MAR, staff noted that it was not given due to no supply. No documentation on file whether the medication was reordered. Facility policy and procedure item number 8, ordering drug refills, states that license nurse to contact pharmacy to order refills when medication is nearing depletion (generally two to three weeks or as needed).	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-6 General policies, practices, and administration. (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. **FINDINGS** Review of resident #3's medication record revealed that Atenolol was not made available from 12/17/17-1/17/18. On the back side of the MAR, staff noted that it was not given due to no supply. No documentation on file whether the medication was reordered. Facility policy and procedure item number 8, ordering drug refills, states that license nurse to contact pharmacy to order refills when medication is nearing depletion (generally two to three weeks or as needed).	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 Range of services. (a)(3) Service plan. 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; **FINDINGS** Resident #2 with physician order of weekly weights since 9/16/16; however, the current service plan dated 5/8/18 indicates to weigh resident every month.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 Range of services. (a)(3) Service plan. 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; **FINDINGS** Resident #2 with physician order of weekly weights since 9/16/16; however, the current service plan dated 5/8/18 indicates to weigh resident every month.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 Range of services. (b)(3)(B)(ii) Services. The assisted living facility shall have policies and procedures relating to medications to include but not be limited to: Administration of medication: 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. **FINDINGS** Resident #3 list of allergies include Lisinopril; however, resident current medication list order includes Lisinopril 40 mg to be taken daily (ordered since 6/1/17).	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 Range of services. (b)(3)(B)(ii) Services. The assisted living facility shall have policies and procedures relating to medications to include but not be limited to: Administration of medication: 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. **FINDINGS** Resident #3 list of allergies include Lisinopril; however, resident current medication list order includes Lisinopril 40 mg to be taken daily (ordered since 6/1/17).	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-9 Record and reports system. (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following: 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; **FINDINGS** Resident #1 with history of positive PPD. TB attestation form was generated; however, the form was not signed by physician. Annual TB clearance not valid.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-9 Record and reports system. (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following: 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; **FINDINGS** Resident #1 with history of positive PPD. TB attestation form was generated; however, the form was not signed by physician. Annual TB clearance not valid.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____