Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Plaza at Mililani	CHAPTER 90
Address: 95-1050 Ukuwai Street, Mililani, Hawaii 96789	Inspection Date: January 7 & 8, 2020 Annual

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
☒	§11-90-2 Definitions. As used in this chapter: "Modified diet" means a diet for a diabetic, a low fat diet, low sodium diet, or soft diet, or a special diet otherwise ordered by a physician. **FINDINGS** Resident #2- Service plan indicates diet of No Added Salt and No Concentrated Sweets and Chopped texture. However, no physician order for the chopped texture diet.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** We faxed physician to get an order for the chopped diet. Updated Diet List and Residents service plan.	 2/4/2020 2/12/2020

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☒	§11-90-2 Definitions. As used in this chapter: "Modified diet" means a diet for a diabetic, a low fat diet, low sodium diet, or soft diet, or a special diet otherwise ordered by a physician. **FINDINGS** Resident #2- Service plan indicates diet of No Added Salt and No Concentrated Sweets and Chopped texture. However, no physician order for the chopped texture diet.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Retraining staff that moving forward, all modified diets will require an order. Auditing residents diet orders against our diet list and their service plan. Faxing physician to get orders for all modified diets regardless if its a preference Creating a Diet Binder where every residents current Diet order is filed. Any time a change in Diet arises, a copy will go to designated staff to update Diet List, service plan and Diet Binder	2/20/2020 2/7/2020 2/7/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 Range of services. (a)(4) Service plan. The facility shall designate a staff member to review, monitor, implement, and make appropriate modifications to the service plan for each resident. **FINDINGS** Resident #2- Service plan was not updated to reflect the blood sugar check of three times a day, insulin medication, and monitoring for signs and symptoms of hypo and hyperglycemia.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Updated residents service plan to reflect BS checks of 3x/day	2/4/2020

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☒	§11-90-8 Range of services. (a)(4) Service plan. The facility shall designate a staff member to review, monitor, implement, and make appropriate modifications to the service plan for each resident. **FINDINGS** Resident #2- Service plan was not updated to reflect the blood sugar check of three times a day, insulin medication, and monitoring for signs and symptoms of hypo and hyperglycemia.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** We will retrain the Charge Nurses on updating service plans any time a Blood Glucose check is ordered. During a residents service plan their chart will be audited to ensure current blood glucose orders are reflected.	2/20/2020 2/4/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 Range of services. (b)(1)(F) Services. The assisted living facility shall provide the following: Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing; **FINDINGS** Resident #2 has an order to update physician if blood sugar is <70 or >300. However, staff did not update physician when resident's blood sugar was not within parameters. Example: Resident's BS reads 61 on 1/5/20 and 63 on 1/4/20, and no documentation that physician was notified.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Retrained Charge Nurses that anytime Blood sugars are out of parameters, physician needs to be notified.	1/30/2020

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☒	§11-90-8 Range of services. (b)(1)(F) Services. The assisted living facility shall provide the following: Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing; **FINDINGS** Resident #2 has an order to update physician if blood sugar is <70 or >300. However, staff did not update physician when resident's blood sugar was not within parameters. Example: Resident's BS reads 61 on 1/5/20 and 63 on 1/4/20, and no documentation that physician was notified.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Created a physician fax form specifically for Blood sugars out of parameters. This form will notify physician of what interventions were taken and outcome.	2/4/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 Range of services. (b)(2)(B) Services. The assisted living facility shall also have the capability to provide or arrange access to the following services: Ancillary services for medically related care (e.g. physician, pharmacist, therapy, podiatry, etc.), barber or beauty care services, social or recreational opportunities, and other services necessary to support the resident; **FINDINGS** Resident #2 has a signed order of PT referral on 12/23/19 due to increase fall, gait instability, weakness, and decrease functional mobility. However, no documentation whether the order was carried out and/or followed up.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Scheduled a meeting with PT works on 2/11/2020.	2/11/2020

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☒	§11-90-8 Range of services. (b)(2)(B) Services. The assisted living facility shall also have the capability to provide or arrange access to the following services: Ancillary services for medically related care (e.g. physician, pharmacist, therapy, podiatry, etc.), barber or beauty care services, social or recreational opportunities, and other services necessary to support the resident; **FINDINGS** Resident #2 has a signed order of PT referral on 12/23/19 due to increase fall, gait instability, weakness, and decrease functional mobility. However, no documentation whether the order was carried out and/or followed up.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** created a therapy checklist tool to track that therapy was scheduled and orders carried out. Retrained staff to progress note when they receive therapy orders	2/11/2020 2/20/2020

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☒	§11-90-8 Range of services. (b)(2)(B) Services. The assisted living facility shall also have the capability to provide or arrange access to the following services: Ancillary services for medically related care (e.g. physician, pharmacist, therapy, podiatry, etc.), barber or beauty care services, social or recreational opportunities, and other services necessary to support the resident; **FINDINGS** Resident #2 has a signed order of modified barium swallow (MBS) and to have Speech Therapy after MBS. However, no documentation whether the order was carried out and/or followed up.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Followed up with residents physician and confirmed that resident does not require Modified Barium swallow and speech Therapy at this time.	2/4/2020

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☒	§11-90-8 Range of services. (b)(2)(B) Services. The assisted living facility shall also have the capability to provide or arrange access to the following services: Ancillary services for medically related care (e.g. physician, pharmacist, therapy, podiatry, etc.), barber or beauty care services, social or recreational opportunities, and other services necessary to support the resident; **FINDINGS** Resident #2 has a signed order of modified barium swallow (MBS) and to have Speech Therapy after MBS. However, no documentation whether the order was carried out and/or followed up.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Retrained staff to ensure that orders are carried out. First re-training on 1/30/2020 and follow up training on 2/20/2020. Created a Therapy checklist tool to track therapy schedule and orders. Assigned Assistant Director of Nursing to follow up on all pending Therapy orders.	2/20/2020 2/11/2020 2/4/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-9 Record and reports system. (a)(4) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following: Incident reports of any bodily injury or other unusual circumstances affecting a resident which occurs within the facility, on the premises, or elsewhere, shall be retained by the facility under separate cover, and be available to authorized personnel and the department. The resident's physician or primary care provider shall be called immediately if medical care is necessary or indicated. **FINDINGS** Resident #2- No incident reports generated for BS not within the parameters. Facility's policy indicates to fill out an incident report if BS exceeds parameters.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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Licensee's/Administrator's Signature: R. Fajota

Print Name: Rebecca Fajota

Date: 02/12/2020