

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|  |   |
|--|---|
| <b>Facility's Name:</b> Arcadia Retirement Residence           | <b>CHAPTER 90</b>                           |
| <b>Address:</b><br>1434 Punahou Street, Honolulu, Hawaii 96822 | <b>Inspection Date:</b> May 12, 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 |
|-------------------------------------|---|--|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-90-6 <u>General policies, practices, and administration.</u><br/>(d)<br/>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><b><u>FINDINGS</u></b><br/>Resident #1- POLST form dated 11/21/19 shows the code status as NO CODE; however, the March 2020 physician's order sheet indicated FULL CODE. No documentation that a new POLST form was completed.</p> | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>On 5/12/20, a telephone order was obtained from resident #1's primary care physician to update resident's code status. Electronic medical records was updated and documentation was provided to reflect resident's preferred code status on 5/12/20.</p> | <p>5/12/20</p>  |

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date |
|-------------------------------------|---|--|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-90-6 <u>General policies, practices, and administration.</u><br/>(d)<br/>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><b><u>FINDINGS</u></b><br/>Resident #1- POLST form dated 11/21/19 shows the code status as NO CODE; however, the March 2020 physician's order sheet indicated FULL CODE. No documentation that a new POLST form was completed.</p> | <p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>100% audit of all Assisted Living resident's POLST, Advanced Directives and orders was completed by 5/15/20 to ensure that POLST, physician order sheets and documentation are up to date to reflect resident's choice on code status. All licensed nurses and licensed social worker were in-serviced on regulation 11-90-6(d) General policies, practices, and administration by 5/18/20. An audit process was created to include a verification checklist to ensure that POLST, physician order sheets and documentation is consistent, to capture resident's individuality and choice. Lead RN or designee will conduct audits upon completion of a new POLST to review accuracy of process. (See attached verification checklist, in-service syllabus and training acknowledgment form)</p> | <p>5/18/20</p>  |

Licensee's/Administrator's Signature: Suzie Schulberg

Print Name: Suzie Schulberg

Date: 5/19/20