

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Dignity Senior Living at Oceanside Hawaii</b>	<b>CHAPTER 90</b>
<b>Address: 53-594 Kamehameha Highway, Hauula, Hawaii 96717</b>	<b>Inspection Date: January 29-31, 2020 Annual</b>

**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.**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Honolulu Fire Department report dated 1/31/19 was unsatisfactory; three (3) violations were cited:</p> <ul style="list-style-type: none"> <li>• Repair fire alarm system so that control panel displays “normal” status.</li> <li>• Exit signs shall be illuminated by a reliable light source. Externally and internally illuminated signs shall be legible in the normal and emergency lighting mode. Ref- 4<sup>th</sup> floor – middle exit; 2<sup>nd</sup> floor – North and south wings</li> <li>• Smoke and fire barriers. Replace escutcheon- 4<sup>th</sup> floor laundry room</li> </ul> <p>No documentation that facility corrected the above violations.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (a)(3) The administrator or director of the assisted living facility shall:</p> <p>Be accountable for providing training for all facility staff in provision of services and principles of assisted living.</p> <p><b><u>FINDINGS</u></b> Employees #11, #12, #13- No documentation that they received delegated task (by RN) training to administer medication and provide wound treatment.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	



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<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><b><u>FINDINGS</u></b> Employees #1, #2, #3, #4, #5, #6, #7, #8, #9, #10- No documentation of <b>current</b> tuberculosis (TB) clearance signed by a practitioner as defined in 11-164.2 TB Rules.</p> <p>Employee #11- No documentation of <b>initial and current</b> TB clearance signed by a practitioner as defined in 11-164.2 TB Rules.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (c) All staff shall be trained in cardiopulmonary resuscitation and first aid.</p> <p><b><u>FINDINGS</u></b> Employee #11- No documentation of CPR and first aid certifications.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-90-7 <u>Inservice education</u>. (1)            There shall be a staff inservice education program for the entire staff that includes:</p> <p>Orientation for all new employees to acquaint them with the philosophy, organization, practice, and goals of assisted living;</p> <p><b><u>FINDINGS</u></b>            Employee #11- No documentation that new hire orientation program was completed.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services</u>. (a)(1) Service plan.</p> <p>The assisted living facility staff shall conduct a comprehensive assessment of each resident's needs, plan and implement responsive services, maintain and update resident records as needed, and periodically evaluate results of the plan. The plan shall reflect the assessed needs of the resident and resident choices, including resident's level of involvement; support principles of dignity, privacy, choice, individuality, independence, and home-like environment; and shall include significant others who participate in the delivery of services;</p> <p><b><u>FINDINGS</u></b> Resident #1-Service plan did not reflect the nutritional needs of the resident. No concentrated sweets, regular texture, potassium controlled, diabetic diet was ordered on 10/28/19 but was not included in the service plan.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	



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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(2)(B) Services.</p> <p>The assisted living facility shall also have the capability to provide or arrange access to the following services:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Resident #2 has a signed order of PT referral on 4/8/19; however, no documentation whether the order was carried out and/or followed up.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1)  The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>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;</p> <p><b><u>FINDINGS</u></b>  Residents #1, #2, #3, #4, #5, #6, #7, #8- No documentation of current tuberculosis (TB) clearance signed by a practitioner as defined in 11-164.2 TB Rules.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-90-10 <u>Admission and discharge</u>. (a)(4)  The facility shall develop admission policies and procedures which support the principles of dignity and choice. The admissions process shall include completion of or the providing of the following:</p> <p>A service contract which documents a completed agreement between the resident and the facility, describing services to be provided, rates charged, and conditions under which additional services or fees may be charged;</p> <p><b><u>FINDINGS</u></b>  Resident #3- Record review shows no evidence of a completed agreement between the resident and facility upon admission to the assisted living facility.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-90-10 <u>Admission and discharge</u>. (a)(4)  The facility shall develop admission policies and procedures which support the principles of dignity and choice. The admissions process shall include completion of or the providing of the following:</p> <p>A service contract which documents a completed agreement between the resident and the facility, describing services to be provided, rates charged, and conditions under which additional services or fees may be charged;</p> <p><b><u>FINDINGS</u></b>  Resident #3- Record review shows no evidence of a completed agreement between the resident and facility upon admission to the assisted living facility.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p>	

Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_