

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Dignity Senior Living at Oceanside Hawaii	CHAPTER 90
Address: 53-594 Kamehameha Highway, Hauula, Hawaii 96717	Inspection Date: January 29-31, 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>§11-90-3 <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>FINDINGS Honolulu Fire Department report dated 1/31/19 was unsatisfactory; three (3) violations were cited:</p> <ul style="list-style-type: none"> • Repair fire alarm system so that control panel displays "normal" status. • 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- 4th floor – middle exit; 2nd floor – North and south wings • Smoke and fire barriers. Replace escutcheon- 4th floor laundry room <p>No documentation that facility corrected the above violations.</p>	<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>The deficiency was corrected by repairing the fire alarm system so that the control panel would display normal/cleared status. The 4th floor middle exit and all of the exit signs on the 2nd floor was replaced so that signs would be externally and internally illuminated at all times. The escutcheon on the 4th floor has been replaced.</p>	<p style="text-align: right;">2/22/2020</p>

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☒	<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>FINDINGS Honolulu Fire Department report dated 1/31/19 was unsatisfactory; three (3) violations were cited:</p> <ul style="list-style-type: none"> • Repair fire alarm system so that control panel displays "normal" status. • 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- 4th floor – middle exit; 2nd floor – North and south wings • Smoke and fire barriers. Replace escutcheon- 4th floor laundry room <p>No documentation that facility corrected the above violations.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>to avoid recurrence we have updated our policies and SOP, to have the facility Maintenance Manager responsible for following up with HFD to ensure that building meets and complies with all codes and ordinances.</p>	<p>2/24/2020</p>

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<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><u>FINDINGS</u> No documentation of fire alarm system inspection for the year 2019. Last fire alarm system inspection was done 11/30/2018.</p> <p><i>Provide a copy of the inspection with your plan of correction.</i></p>	<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;">Fire alarm inspection is still pending. Vendor had to reschedule inspection date due to Covid-19 pandemic.</p>	<p style="text-align: center;">3/23/2020</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-3 <u>Licensing.</u> (o)(10)(C) 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>The obtainment of a use permit if required by the county;</p> <p><u>FINDINGS</u> Elevator permit expired on 10/20/2019.</p> <p><i>Provide a copy of current elevator permit with your plan of correction.</i></p>	<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>CONTACTED STATE OF HAWAII DIR HAWAII OCCUPATIONAL SAFETY + HEALTH DIVISION, BOILER AND ELEVATOR INSPECTION BRANCH. INSPECTOR CAME TO FACILITY AND COMPLETED THE INSPECTION.</p>	<p>7/24/2020</p>

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☒	<p>§11-90-3 <u>Licensing.</u> (o)(10)(C) 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>The obtainment of a use permit if required by the county;</p> <p><u>FINDINGS</u> Elevator permit expired on 10/20/2019.</p> <p><i>Provide a copy of current elevator permit with your plan of correction.</i></p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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><i>to avoid recurrence, the Facility Maintenance Manager will be responsible for tracking and ensuring that the elevators are in compliance with all state and federal laws.</i></p>	<p><i>7/20/2020</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Employees #11, #12, #13- No documentation that they received delegated task (by RN) training to administer medication and provide wound treatment.</p>	<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>Employee 11, 12, 13 received delegated task training to administer medication and provide wound treatment. Delegated task training was conducted by RN and documentation stored in employee personnel files.</p>	<p>2/13/2020</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>FINDINGS Employees #1, #2, #3, #4, #5, #6, #7, #8, #9, #10- No documentation of current tuberculosis (TB) clearance signed by a practitioner as defined in 11-164.2 TB Rules.</p> <p>Employee #11- No documentation of initial and current TB clearance signed by a practitioner as defined in 11-164.2 TB Rules.</p>	<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>All employees were screened by a practitioner. Clearance form signed by practitioner as defined in 11-642. Initial and current TB clearance signed by employee's pop was received.</p>	<p>2/18/2020</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Employee #11- No documentation of CPR and first aid certifications.</p>	<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>Employee #11 completed CPR/First Aid on 2/10/2020.</i></p>	<p style="text-align: center;"><i>2/10/2020</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Employee #11- No documentation that new hire orientation program was completed.</p>	<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>Employee Orientation documentation was located in the business office personnel file.</i></p>	<p style="text-align: center;"><i>1/6/2020</i></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>FINDINGS 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 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>Diet Order updated and added into service plan.</i></p>	<p style="text-align: center;"><i>2/25/2020</i></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>FINDINGS 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 style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>A new service plan form has been created. Care Manager / Coordinator and RN will work together to ensure that service plans include all necessary documentation for residents care.</p>	<p>2/26/2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(2) Service plan.</p> <p>A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;</p> <p>FINDINGS Resident #1- Service plan was not updated to reflect physician's order on 10/31/19 to monitor blood glucose once a week.</p> <p>Resident #2- Service plan was not updated to reflect physician's order on 11/22/19 to monitor blood glucose daily before meals.</p>	<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>Resident #1 service plan was updated to reflect physician's order to monitor blood glucose once a week.</p> <p>Resident #2 service plan was updated to reflect physician's order to monitor blood glucose daily before meals.</p>	<p>2/25/2020</p> <p>2/26/2020</p>

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>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;</p> <p><u>FINDINGS</u> Resident #2- Nursing assessment completed on 5/18/19 shows changes in resident's needs; however, service plan was not updated to reflect the changes. Example: Assessment shows resident needs incontinence care, PM care, and laundry services; but not included in the service plan.</p>	<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;">Residents service plan has been updated, and now reflects the information found in nursing assessment.</p>	<p style="text-align: center;">2/26/2020</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><u>FINDINGS</u> 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 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>Called PT/home Health agency to obtain medical records however, home health agency is no longer in operation.</p>	<p>3/2/2020</p>

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(i) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>Prescription and non-prescription medications which the facility has responsibility for administering to a resident must be identified in the resident's record and must be prescribed in writing for the resident by a physician or prescribing advanced practice registered nurse;</p> <p><u>FINDINGS</u> NP ordered to discontinue Tylenol PM extra strength PRN on 10/28/19. However, January 2020 medication record still shows the Tylenol PM order.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Order was discontinued from medication record.</i></p>	<p><i>2/22/2020</i></p>

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>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;</p> <p><u>FINDINGS</u> “Check weight weekly and call MD if there is change in 2 lbs in one month” was ordered on 5/13/19 and 10/28/19 but no documented evidence that physician was notified of 2 lb weight loss from June 2019 (165 lbs) to July 2019 (154.5 lbs) to a October 2019 (151.5 lbs).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>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;</p> <p><u>FINDINGS</u> “Check weight weekly and call MD if there is change in 2 lbs in one month” was ordered on 5/13/19 and 10/28/19 but no documented evidence that physician was notified of 2 lb weight loss from June 2019 (165 lbs) to July 2019 (154.5 lbs) to a October 2019 (151.5 lbs).</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>Care Manager will be notifying MD via fax every 2 weeks giving an update of weight checks</i></p>	<p style="text-align: center;"><i>4/10/2020</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS 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 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;">TB Clearance signed by practitioner was obtained for residents #1, #2, #3, #4, #5, #6, #7 & #8.</p>	<p style="text-align: center;">4/2/2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS 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 style="text-align: center;">PART 2</p> <p style="text-align: center;"><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;">TB clearance form has now been included in the history and physical examination packet which is completed prior to admission and annually.</p>	<p style="text-align: center;">4/6/2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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>FINDINGS 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 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>Service agreement between facility and resident was completed.</i></p>	<p style="text-align: center;"><i>4/23/2026</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> 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 style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>A checklist has been created for marketing / admissions coordinator to complete upon admission for each resident. this checklist will then be stored in residents medical record.</p>	<p style="text-align: center;">4/24/2020</p>

Licensee's/Administrator's Signature: 

Print Name: Albert Chen

Date: 4/24/2020