

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Plaza at Kaneohe	CHAPTER 90
Address: 46-068 Alaloa Street, Kaneohe, Hawaii 96744	Inspection Date: April 5, 2021 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-2 <u>Definitions.</u> As used in this chapter:</p> <p>"Assisted living" means encouraging and supporting individuals to live independently and receive services and assistance to maintain independence. All individuals have a right to live independently with respect for their privacy and dignity, and to live in a setting free from restraints.</p> <p>"Assisted living facility" means an assisted living facility as defined in section 321-15.1, HRS. This facility shall consist of a building complex offering dwelling units to individuals and services to allow residents to maintain an independent assisted living lifestyle. The environment of an assisted living facility shall include one in which meals are provided, staff are available on a 24-hour basis and services are based on the individual needs of each resident. Each resident, family member, and significant others shall work together with facility staff to assess what is needed to support the resident so that the resident can achieve his or her greatest capacity for living independently. The facility shall be designed to maximize the independence and self-esteem of limited-mobility persons who feel that they are no longer able to live on their own.</p> <p><u>FINDINGS</u> Resident #2 - Resident was admitted to the facility with the following services, per service plan created on 10/20/20, indicating resident requires more services than the facility can provide to maintain independence and provide:</p> <ul style="list-style-type: none"> • Needs physical assistance every 2 hours between 2200-0600HRS • Needs physical assistance to evacuate • 2 person assist with transfers • Shower assist with 2 people • Meeting assist with staff • Position and reposition every 2 hours 	<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>From PT Works Hawaii Notes dated 04/11/21: "Resident was motivated when we first started PT, however, she has been needing a lot of encouragement to participate recently. Her mobility has significantly improved and she is now walking 50-60 feet with a walker. She is still able to transfer without the sit to stand machine. She tolerates 40-55 min sessions just fine physically. PT anticipate further improvements (especially regarding increased distance with her new front wheeled walker)." PT continued for at least 2-3 weeks.</p> <p>Met with Kimberlee Migita, Nurse consultant, to clarify what services were appropriate to provide in Assisted Living and in our Lamaku program. Made a plan to talk with therapy and to do a current nursing assessment on Resident #2 to determine if she is appropriate for our facility.</p> <p>Retrained Nursing Department, Sales Manager, and Administration with guidelines set forth by Dept. of Health. Resident service plan updated to reflect the current condition of the resident. DON assessed resident on 04/15/21. Plaza is able to assist resident with a 1 person transfer. Resident can walk 15-20 feet with minimal assistance (hand placed on her back just in case). Resident will continue to reside in the Lamaku community.</p>	<p style="text-align: center;">04/11/21</p> <p style="text-align: center;">04/15/21</p> <p style="text-align: center;">04/15/21</p>

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<input checked="" type="checkbox"/>	<p><u>§11-90-2 Definitions.</u> As used in this chapter: "Assisted living" means encouraging and supporting individuals to live independently and receive services and assistance to maintain independence. All individuals have a right to live independently with respect for their privacy and dignity, and to live in a setting free from restraints.</p> <p>"Assisted living facility" means an assisted living facility as defined in section 321-15.1, HRS. This facility shall consist of a building complex offering dwelling units to individuals and services to allow residents to maintain an independent assisted living lifestyle. The environment of an assisted living facility shall include one in which meals are provided, staff are available on a 24-hour basis and services are based on the individual needs of each resident. Each resident, family member, and significant others shall work together with facility staff to assess what is needed to support the resident so that the resident can achieve his or her greatest capacity for living independently. The facility shall be designed to maximize the independence and self-esteem of limited-mobility persons who feel that they are no longer able to live on their own.</p> <p><u>FINDINGS</u> Resident #2 - Resident was admitted to the facility with the following services, per service plan created on 10/20/20, indicating resident requires more services than the facility can provide to maintain independence and provide :</p> <p>Bedrail night check every 2 hours between 2200-0600 Needs physical assistance to evacuate 2 person assist with transfers Shower assist with 2 people Toileting assist with 2 staff Position and reposition every 2 hours</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>Ensure that during an initial nursing assessments it is determined that admission of resident from the outside the Plaza community is permissible provided that the resident is ambulatory and/or assisted living level upon admission, not ICF or SNF level of care.</p> <p>Admission of non-ambulatory residents to age in place at the extended care unit are limited to those that have been living at the Plaza community (all locations).</p>	<p style="text-align: center;">04/16/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION		Completion Date
<input checked="" type="checkbox"/> §11-90-8 <u>Range of services.</u> (a)(2) Service plan. 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; <u>FINDINGS</u> Resident #2 – Current service plan states diet order as, "Reg NCS and NAS diet ordered by physician". However, NCS and NAS diet was discontinued by physician on 3/31/21. STATE OF HAWAII DOH-DHCA STATE LICENSING 21 APR 20 12:03	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Updated Resident service plan and diet list to reflect physician's order to regular diet from a Regular Diet – NCS/NAS. At Monthly Nursing Staff meeting, retrained Charges Nurses to input physician diet orders as prescribed in the service plan.		 04/06/21 04/07/21

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	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>FINDINGS 11-90-8(b)(1)(F) Resident #1 - Resident weight on 3/9/21 was 137.6 lbs, weight on 3/17/21 was 128.8 lbs. Resident lost 8.8 lbs in 8 days, however, physician was not notified.</p> <p>STATE OF HAWAII DOH- OHCA STATE LICENSING</p> <p>21 APR 20 12:03</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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Licensee's/Administrator's Signature:

[Handwritten Signature]

Print Name:

Dorothy Abreu

Date:

4.19.21

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