

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Roselani Place Assisted Living Facility	CHAPTER 90
Address: 88 South Papa Avenue, Kahului, Hawaii 96732	Inspection Date: July 1-2, 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.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (6) The facility shall provide each resident with the following:</p> <p>The unit shall have a call system monitored 24-hours a day by facility staff;</p> <p><b><u>FINDINGS</u></b> Units #103, #105, #204 – Call systems in bathroom were not working</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> <p>The Maintenance Director troubleshooting the call system for unit # 102, # 105 and # 204 and determined that the battery needed to be changed for those units. The Maintenance Director checked if it was in working order by pulling the cord, it was repaired and functions properly.</p>	<p>01/02/2021</p>

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<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (6) The facility shall provide each resident with the following:</p> <p>The unit shall have a call system monitored 24-hours a day by facility staff;</p> <p><b><u>FINDINGS</u></b> Units #103, #105, #204 – Call systems in bathroom were not working</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> <p>The General Manager updated the Monthly Resident Pull Cord and Call Pendant Log. Staff will be retrained on checking the call systems for each resident monthly, and document on the Monthly Resident Pull Cord and Call Pendants Log. Staff will submit a work order to the Maintenance Director when a call system is in need of repair. The Maintenance Director, Director of Health Services and General Manager will meet once a month to review the Monthly Resident Pull Cord and Call Pendants Log to ensure the call systems are in working order.</p>	<p>01/09/2021 and ongoing</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><b><u>FINDINGS</u></b> Resident #1 – Oxycodone-Acetaminophen 5-325, Trazadone 50mg, and Salonpas 4% Lidocaine Patch unavailable in medication inventory to be administered as needed, per physician's orders.</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> <p>The nurse discontinued all 3 medications as they had not been administered in over 90 days.</p>	07/01/2021

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<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><b><u>FINDINGS</u></b> Resident #1 – Oxycodone-Acetaminophen 5-325, Trazadone 50mg, and Salonpas 4% Lidocaine Patch unavailable in medication inventory to be administered as needed, per physician's orders.</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> <p>Re-train all licensed nurses to discontinue PRN medication that is not administered in over 90 days.</p>	<p>07/01/2021 and ongoing</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b> Resident #1 – Annually updated service plan unavailable for review. Submit an updated copy with plan of correction.</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> <p>An updated service plan for Resident #1 was completed on 05/21/2021. Attached is a copy of the 05/21/2021 service plan and is Addendum A.</p>	05/21/2021

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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><b><u>FINDINGS</u></b></p> <p>Resident #1 – Monthly body weight measurements unavailable for 9/2020, 10/2020, and 12/2020, despite facility policy to obtain body weight measurements monthly.</p> <p>Resident #2 – Monthly body weight measurements unavailable for 9/2020, 10/2020, and 3/2021, despite facility policy to obtain body weight measurements monthly.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></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><b><u>FINDINGS</u></b></p> <p>Resident #1 – Monthly body weight measurements unavailable for 9/2020, 10/2020, and 12/2020, despite facility policy to obtain body weight measurements monthly.</p> <p>Resident #2 – Monthly body weight measurements unavailable for 9/2020, 10/2020, and 3/2021, despite facility policy to obtain body weight measurements monthly.</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> <p>Re-train staff on importance of monthly weight measurements and recordings. Care coordinators to ensure all monthly weights are completed. Care Coordinators to provide a copy of completed monthly weights to the Director of Health Services. Director of Health Services to review weights and follow the Policy and Procedures: Weights Monitoring. <u>Philosophy</u>: Proactive health care management is an important component of assuring quality of life for our residents. It is possible to respond more quickly to changes in resident by monitoring weight. This is extremely important in residents with memory loss or physically frail residents. <u>Policy</u>: All residents experiencing rapid weight loss or gain will be weighed regularly as part of the care routine. <u>Procedures</u>: 1. The resident's weight is recorded on the VS sheet. A resident's weight is a significant measurement that should be monitored for change. 2. Weighing an individual is a private matter and should take place out of the sight of staff, visitors, families, or other residents. 3. The licensed nurse or DHS must establish a schedule for weighing each resident on a monthly basis. 4. The staff member assigned to weigh the resident is responsible for taking the weight measurement and recording the number on the resident's VS sheet. 5. If the staff member responsible for weighing the resident notices a significant change in the measurement (5 pounds), the nurse should be notified. 6. If a significant change in measurement is noticed the nurse should refer to the weight loss policy. 7. If a resident has a terminal illness, with expected weight loss, weights may differ.</p> <p>Inform resident, primary care physician, Power of Attorney and Registered Dietician of weight concerns. General Manager to meet with Director of Health Services monthly to review weight logs.</p>	<p>07/01/2021 and ongoing</p>

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☒	<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><b><u>FINDINGS</u></b></p> <p>Resident #2 – Physician's order dated 5/26/21 states, "Advised on 2L fluid restriction and monitor"; however, documentation of fluid intake unavailable for review.</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> <p>The Director of Health Services reviewed order, updated the care plan for Resident #2, made a fluid restriction log for resident #2 and is being recorded daily by care staff.</p> <p>On 07/13/2021, the Director of Health Services updated the Physicians Consultation Report form to request the physician indicate any additional care instructions as well.</p>	<p>07/01/2021</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 #1 – Documented evidence that the consultant registered dietitian was utilized to provide nutrition assessment for the resident with significant weight loss of 21lbs between 6/2020 and 6/2021 was unavailable for review.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(ii) 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>The facility shall provide and implement policies and procedures which assure that all medications administered by the facility are reviewed at least once every 90 days by a registered nurse or physician, and is in compliance with applicable state laws and administrative rules.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Medication review every 90 days by a registered nurse or physician was unavailable between 8/14/20-1/27/21 and 1/27/21-5/26/21.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(ii) 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>The facility shall provide and implement policies and procedures which assure that all medications administered by the facility are reviewed at least once every 90 days by a registered nurse or physician, and is in compliance with applicable state laws and administrative rules.</p> <p><b><u>FINDINGS</u></b> Resident #2 – Medication review every 90 days by a registered nurse or physician was unavailable between 8/14/20-1/27/21 and 1/27/21-5/26/21.</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> <p>Re-train all licensed staff to review Point of Service and then the Director of Health Services will review the Point of Service for each resident and sign the medication review at least once, every 90 days.</p>	<p>07/01/2021 and ongoing</p>

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<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(2)  The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Service plan;</p> <p><b><u>FINDINGS</u></b>  Residents #1,3,4,5 – Annual physical exam unavailable for review. Submit a copy with plan of correction.</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> <p>The Director of Health Services provided the annual physical exam for Resident #1, Resident #3 and Resident #4 to the Nurse Consultant on 07/02/2021, but was declined since it was not provided on 07/01/2021. Attached is a copy of the annual physical exams for Resident #1 (Addendum B), Resident #3 (Addendum C), Resident #4 (Addendum D) and Resident #5 (Addendum E).</p>	07/02/2021

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<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(2) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Service plan;</p> <p><b><u>FINDINGS</u></b> Residents #1,3,4,5 – Annual physical exam unavailable for review. Submit a copy with plan of correction.</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> <p>The Director of Health Services was re-trained on obtaining annual physical exams for each resident. To prevent future issues from recurring, a Resident Compliance Tracker sheet was created with a list of all residents' annual physical exams dates. The Director of Health Services will refer and update the Resident Compliance Tracker on dates of recent annual physical examination date, next physical date, including if the report is available on chart and/or if a call is required to the physician to obtain a copy of the annual physical exam. The Director of Health Services and General Manager will meet weekly to review the Resident Compliance Tracker sheet to ensure routine compliance.</p>	<p>07/09/2021 and ongoing</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(2) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Service plan;</p> <p><b><u>FINDINGS</u></b> Resident #4 – Initial and annual TB clearances unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 1</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> <p>The 2nd TB test for Resident #4's initial TB clearance did not indicate the date and time it was read. To prevent this from recurring, future residents will not be admitted without evidence of TB attestation and tuberculous clearance and notification that each resident is free from other infectious or contagious diseases by a physician or primary care provider. In the event the Resident has a history of a positive TB test, we will obtain a recent chest x-ray test clearance to rule out TB.</p> <p>The annual TB clearance documentation for Resident #4 for 12/2020 was not located, so an annual TB skin test was administered to Resident #4 on 07/01/2021. Attached is a copy, Addendum 6; the attestation is Addendum 4.</p>	<p>07/01/2021; 08/13/2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(2) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Service plan;</p> <p><b><u>FINDINGS</u></b> Resident #4 – Initial and annual TB clearances unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>We will re-train licensed staff, the Care Coordinator and the Director of Health Services to follow the TB skin test policy.</p> <p>Place pending Resident(s) or Employee(s) TB documentation in the hanging folder titled "Pending Resident &amp; Staff TB for the month."</p> <p>The Care Coordinator and the Director of Health Services will meet weekly to ensure the pending TB documentation is completed. Along with the completion of the annual TB tests and its attestations for both Residents and Employee(s) to ensure routine compliance.</p> <p>The Resident Compliance Tracker sheet will be maintained by the Director of Health Services and it will include the date of when the last TB was completed and when the next TB test is due. The Resident Compliance Tracker sheet serves as a monthly reminder to ensure TB compliance.</p> <p>The Director of Health Services will review all of the initial TB Clearance(s) prior to new Resident admissions and prior to employment of new hires.</p> <p>The General Manager, Director of Health Services and Care Coordinator will review the Resident and Employee TB Binder weekly to ensure ongoing compliance.</p>	<p>07/09/2021 and ongoing</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(4)  The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>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.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Incident report unavailable for emergency room visit on 12/17/2020 due to combative behavior.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(4) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>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.</p> <p><b>FINDINGS</b> Resident #1 – Incident report unavailable for emergency room visit on 12/17/2020 due to combative behavior.</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> <p>Re-train staff on the importance of documenting and completing an incident report. Follow Policies and Procedures - Incident Reporting - Health care Policy. Incident reports are to be completed for each resident for any of the following incidents: - Falls, both injury and non-injury - Bruises, identifiable or not - Any injury, identifiable or not - Resident to resident altercations - Verbal abuse - Physical Abuse, including sexual - Staff to resident altercations - Verbal abuse - Physical Abuse, including sexual - Incidents occurring during resident outing - Financial exploitation, theft. The above list is not conclusive, when in doubt, complete a report. <u>Procedures:</u> 1) The licensed nurse on duty is to review each shift, daily. 2) Notify MD/Family of incident and follow-up. 3) The Health Services Director/General Manager is to review. 4) Any resident - to - resident altercation, either verbal or physical, or staff/visitor to resident with reasonable cause to believe an incident is abuse, abandonment or neglect, or financial exploitation, is to be called to DHS Criminal Investigation Hotline. 5) If bruises or skin tears or injuries that are unidentifiable, and suspicious in nature, report to state abuse line. 6) Follow written protocols. 7) Update the resident care plan as needed. 8) Mandatory reporters are to call the DHS Crisis Resolution Unit line if abuse is suspected, as listed above, without retaliation and for anonymously.</p>	<p>07/02/2021 and ongoing</p>

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Licensee's/Administrator's Signature: Fair Giaman

Print Name: FAITH GIANAN

Date: 7/23/2021

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JUL 26 2021



Licensee's/Administrator's Signature: Faith Gianan

Print Name: FAITH GIANAN

Date: 8/23/2021