

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Plaza at Pearl City	CHAPTER 90
Address: 1048 Kuala Street, Pearl City, Hawaii 96782	Inspection Date: September 9, 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.

2:00 PM
09/10/21
STATE LICENSING
HAWAII

	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><u>FINDINGS</u> Resident #1 – Medications were not reviewed timely by a registered nurse or physician between 11/14/20-3/8/21.</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> <p>2020-01-01 DOH-016A STATE LICENSING</p>	<p>21 001 - P.3.00</p>

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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>FINDINGS Resident #1 – Medications were not reviewed timely by a registered nurse or physician between 11/14/20-3/8/21.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ol style="list-style-type: none"> 1. The Administrator created a spreadsheet for the Assistant Director of Nursing with the following dates and tasks, starting the next Medication Review due date of November 22: <ul style="list-style-type: none"> - Every 70 days thereafter the Physician Order Sheet (POS) will be printed and mailed out to the residents Primary Care Physician - Every 80 days thereafter the Administrator will do an audit - Every 90 days thereafter is the due date of the Medication Review 2. The Administrator added the dates (starting November 2) and every 70 days thereafter, through the next year, to the shared Outlook calendar as a reminder for the Assistant Director of Nursing to print and mail out the Physician Order Sheet to the residents Primary Care Physician. The Administrator also added the Assistant Administrator and Assistant Director of Nursing to the calendar invite. 3. The Administrator posted the spreadsheet on the wall above the Assistant Director of Nursing's computer as a visual reminder of the dates that the Medication Reviews are due. 4. The Administrator added the audit dates (starting the next review date of November 12) and every 80 days thereafter to the shared Outlook calendar, and sent a calendar invite to the Assistant Director of Nursing and Assistant Administrator, as a reminder to complete an audit. 5. The Administrator will perform an audit every 80 days per the calendar reminder by checking the residents flagged charts to ensure that the Medication Review is being completed by the 90 day due date. 	<p>9/27/2021</p> <p>9/27/2021</p> <p>9/28/2021</p> <p>9/28/2021</p>

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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><u>FINDINGS</u> Resident #1 – A falls risk assessment was not conducted on resident in a timely manner after experiencing multiple falls between 9/3/20-5/31/21 (falls: 9/3/20, 10/17/20, 10/26/20, 11/6/20, 11/29/20, 12/14/20, 12/16/20, 1/17/21, 1/24/21, 4/12/21, 5/31/21). Falls risk assessment was completed on 6/9/21.</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> <p>STATE OF HAWAII DHS-SCPA STATE LICENSING</p>	<p>21 OCT -8 P 3:30</p>

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Licensee's/Administrator's Signature: Jennifer R. Pyun

Print Name: Jennifer R. Pyun

Date: 10/7/2021

STATE OF HAWAII
DHS-CHCA
STATE LICENSING

21 OCT -8 P 3:30