

T-624 P0002/0005 F-887

Office of Health Care Assurance

21 SEP 16 A7:31

State Licensing Section

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

STATE OF HAWAII

<b>Facility's Name: The Plaza at Punchbowl</b>	<b>CHAPTER 90</b>
<b>Address: 918 Lunalilo St, Honolulu, Hawaii 96822</b>	<b>Inspection Date: September 2, 2021 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

09-15-'21 15:00 FROM-

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 #1 – Medication was not reviewed timely between 3/3/21 and present (9/2/21).</p>	<p>PART 1</p> <p>21 SEP 16 7:31</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p>STATE OF HAWAII BOH-REGS STATE LICENSING</p>	<p>21 SEP 16 7:31</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 #1 – Medication was not reviewed timely between 3/3/21 and present (9/2/21).</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Upon review of the medications, director of nursing will sign the documentation, make a copy for resident's chart then original copy will be mailed to physician. Charge nurses will be responsible for ensuring copy is filed appropriately and timely in resident's chart. Charts are audited every 6 months for quality control. This topic was discussed at</p>	<p style="text-align: center;">21 SEP 16 7:31</p> <p style="text-align: center;">STATE OF HAWAII OSH-GHCA STATE POLICING</p> <p style="text-align: center;">9/7/21</p>

the 9/7/21 nursing meeting.

Licensee's/Administrator's Signature: *Chene Andrade*  
 Print Name: Chene Andrade  
 Date: 9/15/2021 SEP 16 A 7:31

STATE OF HAWAII  
 00H-0001  
 STATE LICENSING