

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: One Kalakaua Senior Living	CHAPTER 90
Address: 1314 Kalakaua Ave, Honolulu, Hawaii 96826	Inspection Date: January 14, 2022 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.

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

22 JAN 27 A8:25

	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 – Care plan dated 12/14/20, 6/14/20, and 12/14/21 state, "Monitor meal and fluid intake"; however, no documented evidence of meal intake monitoring available.</p>	<p style="text-align: right;">PART I '22 FEB -8 AS 09</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>We reviewed and updated Resident #1 Service Plus Plan (SPP), noted as "care plan" in the findings section, for skin integrity dated 12/14/20 (reviews on 6/14/21, 12/14/21) and deleted "monitor meal and fluid intake" as this is not applicable for this resident. The error was made due to use of a pre-populated template for our SPPs and the pre-populated section was not updated specific to this individual resident.</p>	<p>1/19/22</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><u>FINDINGS</u> Resident #1 – Care plan dated 12/14/20, 6/14/20, and 12/14/21 state, “Monitor meal and fluid intake”; however, no documented evidence of meal intake monitoring available.</p>	<p style="text-align: right;">27 FEB -8</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>The pre-populated template for Service Plus Plans (SPP), noted as “care plan” in the findings section, for skin integrity was reviewed and edited to avoid having pre-populated information that may not be applicable to all residents. This type of resident specific information will now need to be entered manually to avoid similar errors. In addition, for any resident specific information that states we will monitor the information, we will have corresponding documentation and/or logs to document the monitoring of the information.</p> <p>Staff responsible for creation and review of SPPs was also provided training to ensure that all items on the SPPs are thoroughly reviewed before signing off on the review.</p>	<p style="text-align: right;">1/19/22</p> <p style="text-align: right;">1/25/22</p>

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<input checked="" type="checkbox"/>	<p>§11-90-8 Range of services. (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 – Care plan dated 12/14/20, 6/14/20, and 12/14/21 state, "Monitor intake and output and report to PCP/RD as needed"; however, no documented evidence of output monitoring available.</p>	<p style="text-align: right;">PART 1</p> <p style="text-align: right;">'22 FEB</p> <p style="text-align: right;">STATE OF HAWAII DHHS STATE LICENSING</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>We reviewed and updated Resident #1 Service Plus Plan (SPP), noted as "care plan" in the findings section, for skin integrity dated 12/14/20 (reviews on 6/14/21, 12/14/21) and deleted "monitor intake and output and report to PCP/RD as needed" as this is not applicable for this resident. We updated the SPP to say instead that RCS staff will encourage meal intake during meals that the facility provides assistance with and this will be documented on the Activities of Daily Living Service Log. The error was made due to use of a pre-populated template for our SPPs and the pre-populated section was not updated specific to this individual resident.</p>	<p>-8 A9:09</p> <p>1/19/22</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><u>FINDINGS</u> Resident #1 – Care plan dated 12/14/20, 6/14/20, and 12/14/21 state, "Monitor intake and output and report to PCP/RD as needed"; however, no documented evidence of output monitoring available.</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>The pre-populated template for Service Plus Plans (SPP), noted as "care plan" in the findings section, for skin integrity was reviewed and edited to avoid having pre-populated information that may not be applicable to all residents. This type of resident specific information will now need to be entered manually to avoid similar errors. In addition, for any resident specific information that states we will monitor the information, we will have corresponding documentation and/or logs to document the monitoring of the information.</p> <p>Staff responsible for creation and review of SPPs was also provided training to ensure that all items on the SPPs are thoroughly reviewed before signing off on the review.</p>	<p style="text-align: right;">'22 FEB -8 A9 :09</p> <p style="text-align: right;">STATE OF HAWAII DCI-DNSA STATE LICENSING</p> <p>1/19/22</p> <p>1/25/22</p>

Licensee's/Administrator's Signature: 

Print Name: Dee Robinson

Date: 1-25-22 '22 FEB -8 A9:09

Revised: 2-8-22
STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING