

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Plaza at Mililani	CHAPTER 90
Address: 95-1050 Ukuwai Street, Mililani, Hawaii 96789	Inspection Date: January 20, 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
DEPARTMENT OF
STATE LICENSING

22 FEB -3 P 3:31

	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 – Service plan states, “weights to be done weekly”; however, service plan is not consistent with physician’s order which states, “Take resident weight daily – One time a day for refer to MD order. Order date 9/7/21. Updated on 11/17/21”.</p> <p style="text-align: right;">STATE OF HAWAII DONORNA STATE LICENSING</p> <p style="text-align: right;">22 FEB -3 P3:31</p>	<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 style="text-align: center;">Resident's service plan was updated to reflect daily weights</p>	<p style="text-align: center;">1/25/22</p>

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☒	<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 – Order entered on 11/17/21 states, “Take resident weight daily – One time a day for refer to MD order. Order date 9/7/21. Updated on 11/17/21”; however, daily weight readings unavailable for the following dates:</p> <ul style="list-style-type: none"> • 12/3/21, 12/10/21, 12/28/21, 1/5/22, 1/6/22 <p>Resident #1 – Service plan states, “Night checks every 2 hours between 2200-0600”; however, checks were not provided timely on the following dates:</p> <ul style="list-style-type: none"> • 1/24/21, 1/30/21, 2/13/21, 2/27/21, 3/6/21, 3/28/21, 4/4/21, 4/26/21, 5/9/21, 5/12/21, 5/23/21, 6/1/21, 6/11/21, 6/18/21, 6/20/21, 6/25/21, 8/9/21, 8/17/21, 8/24/21, 8/29/21, 10/9/21, 10/20/21, 10/31/21, 11/7/21, 11/13/21, 11/17/21, 11/24/21 <p>Resident #2 – Order entered on 1/14/21 states, “Check blood pressure – One time a day for refer to MD order...Order date 1/05/21”; however, blood pressure readings unavailable for the following dates:</p> <ul style="list-style-type: none"> • 5/24/21, 5/28/21, 8/12/21, and 1/14/22 <p style="text-align: center;">22 FEB -3 P 3:31</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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<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 – Order entered on 11/17/21 states, “Take resident weight daily – One time a day for refer to MD order. Order date 9/7/21. Updated on 11/17/21”; however, daily weight readings unavailable for the following dates:</p> <ul style="list-style-type: none"> • 12/3/21, 12/10/21, 12/28/21, 1/5/22, 1/6/22 <p>Resident #1 – Service plan states, “Night checks every 2 hours between 2200-0600”; however checks were not provided timely on the following dates:</p> <ul style="list-style-type: none"> • 1/24/21, 1/30/21, 2/13/21, 2/27/21, 3/6/21, 3/28/21, 4/4/21, 4/26/21, 5/9/21, 5/12/21, 5/23/21, 6/1/21, 6/11/21, 6/18/21, 6/20/21, 6/25/21, 8/9/21, 8/17/21, 8/24/21, 8/29/21, 10/9/21, 10/20/21, 10/31/21, 11/7/21, 11/13/21, 11/17/21, 11/24/21 <p>Resident #2 – Order entered on 1/14/21 states, “Check blood pressure – One time a day for refer to MD order...Order date 1/05/21”; however, blood pressure readings unavailable for the following dates:</p> <ul style="list-style-type: none"> • 5/24/21, 5/28/21, 8/12/21, and 1/14/22 <p>18:03 - 3 FEB 22</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>Retrain the Nursing team to ensure residents weights are taken according to Doctors orders and before meals. To prog note if resident is unable to take weights</p> <p>Retrain the Nursing team to ensure night checks are completed in a timely manner.</p> <p>Retrain the Nursing team to ensure Blood pressures are taken and recorded in PCC according to Doctors orders.</p>	<p style="text-align: right;">2/3/22</p>

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<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>FINDINGS Resident #4 – Service plan not updated timely between 3/24/21 and 11/6/21</p> <p>Resident #5 – Service plan not updated timely between 1/22/20 and 9/11/20</p> <p>STATE OF HAWAII DOH-00004 STATE LICENSING</p> <p>22 FEB -3 PB 31</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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	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></p> <p>Resident #1 – No documented evidence that the facility provided health monitoring for resident with protein calorie malnutrition, dysphagia, edema, and no added salt, chopped diet to include a nutritional assessment by the Consultant Registered Dietitian.</p> <p>Resident #2 – No documented evidence that the facility provided health monitoring for resident with dysphagia and chopped diet to include a nutritional assessment by the Consultant Registered Dietitian.</p> <p>STATE OF HAWAII DOM-DRON STATE LICENSING</p> <p>22 FEB -3 P3:3</p>	<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>Administrator contacted Consultant Registered Dietitian to provide a Nutritional Assessment on resident 1 and 2.</p>	<p style="text-align: right;">2/3/22</p>

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Licensee's/Administrator's Signature: R. Fajota

Print Name: Rebecca Fajota

Date: 02/03/2022

STATE OF HAWAII
DOM-CHCA
STATE LICENSING
22 FEB -3 P3:31

Licensee's/Administrator's Signature: *R. Fajota*
Print Name: Rebecca Fajota
Date: 02/14/22

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22 MAR 23 10:13