

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Plaza at Kaneohe	CHAPTER 90
Address: 46-068 Alaloa Street, Kaneohe, Hawaii 96744	Inspection Date: April 7, 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.

DATE OF HAWAII
DOH-CHCA
STATE LICENSING

22 MAY 16 18:29

	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>FINDINGS Resident #2 – Physician's order dated 2/22/22 states, "weekly weights" to be taken; however, current service plan states, "monthly weights" to be taken.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Updated service plan for resident #2 to reflect weekly weights</p>	<p>04/08/22</p> <p>22 MAY 16 4:03:25 STATE OF NEWARK DOH-ORCA STATE LICENSING</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>FINDINGS Resident #2 – Physician's order dated 2/22/22 states, "weekly weights" to be taken; however, current service plan states, "monthly weights" to be taken.</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> <p>Charge nurses retrained to ensure residents' service plans are being updated to reflect new orders.</p> <p>Completed audit in PointClickCare with service plans for all residents. Going forward audit service plans at 6 month service plan review and perform quarterly audits of semi-annual reviews.</p>	<p>04/26/22</p> <p>04/28/22</p> <p>22 MAY 16 AM 8:29 STATE OF ILLINOIS DOH-CHCA STATE LICENSING</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>FINDINGS Resident #1 – Service plan from 5/5/21 to present (4/7/22) states, "Night checks every 2 hours between 2200-0600"; however, per monthly task reports, nightly checks were not performed consistently every 2 hours between 5/5/21 to present.</p> <p>Resident #2 – Current service plan states, "night checks every 4 hours between 2200-0600"; however, per monthly task reports, nightly checks every 4 hours were not performed consistently between 1/22/22 to present (4/7/22).</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>22 MAY 16 4:29</p> <p>STATE OF HAWAII DOH-CHC STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – Service plan from 5/5/21 to present (4/7/22) states, "Night checks every 2 hours between 2200-0600"; however, per monthly task reports, nightly checks were not performed consistently every 2 hours between 5/5/21 to present.</p> <p>Resident #2 – Current service plan states, "night checks every 4 hours between 2200-0600"; however, per monthly task reports, nightly checks every 4 hours were not performed consistently between 1/22/22 to present (4/7/22).</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> <p>Retrained the night shift resident care aides to consistently document the task they complete in PointClickCare.</p> <p>Assistant Director of Nursing to randomly select resident weekly to audit and verify POC is complete.</p>	<p>04/28/22</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</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>FINDINGS Resident #1,2 – Safe swallowing precautions for prescribed special diets provided by speech pathologist is not reflected in current service plan</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>Clarified the physician orders and updated service plans for both resident #1 and #2.</p>	<p>04/08/22</p> <p style="text-align: right;">22 MAY 16 48:29 STATE OF HAWAII DOH-ORCA STATE LICENSING</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 #1,2 – Safe swallowing precautions for prescribed special diets provided by speech pathologist is not reflected in current service plan</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> <p>Retrained charge nurses to transcribe accurately physicians orders and update service plan when physicians orders are received.</p>	<p>04/28/22</p> <p>22 MAY 16 AM 8:29</p> <p>STATE OF HAWAII DOH-ODCA STATE LICENSING</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>FINDINGS Resident #2 - Current medication administration record (MAR) states, "Melatonin Tablet 3mg Give 2 tablet by mouth as needed for insomnia at HS"; however, melatonin unavailable in resident's medication inventory.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Confirmed that resident #2 no longer requires Melatonin for insomnia. The physician's order was discontinued on 4/9/22.</p>	<p>04/09/22</p> <p>22 MAY 16 AM 8:29</p> <p>STATE OF MARYLAND DOH-015A STATE LICENSING</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 #2 – Current medication administration record (MAR) states, "Melatonin Tablet 3mg Give 2 tablet by mouth as needed for insomnia at HS"; however, melatonin unavailable in resident's medication inventory.</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> <p>Retrained charge nurses to contact responsible party or pharmacy when OTC medication is running low. NOC shift charge nurse to complete monthly medication cart audits to prevent shortage of OTC medication.</p>	<p>04/26/22</p> <p>22 MAY 16 48:29 STATE OF HAWAII DOH-CH2A STAFF/ISSUING</p>

	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 #2 – Over the counter (OTC) medication bottles (e.g., Clear Eyes, aspirin, multivitamin, Tylenol) were not properly labeled.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Labeled all OTC medication with residents' name, dosage, route, and time.</p>	<p align="center">04/11/22</p> <p align="right">22 MAY 16 AS-30 STATE OF HAWAII DOH-CHC STATE LICENSING</p>

	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 #2 - Over the counter (OTC) medication bottles (e.g., Clear Eyes, aspirin, multivitamin, Tylenol) were not properly labeled.</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> <p>Retrained charge nurses to properly label all OTC medications when received according to physician's orders.</p>	<p>04/26/22</p> <p>STATE OF MARYLAND DOH-ORCA STATE LICENSING</p>

22 MAY 16 AM 8:30

	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>FINDINGS Resident #2 – Per progress notes, resident fell and was out of the facility between 1/12/22-2/3/22 to recuperate from fall injury; however, monthly task reports show nightly checks every 4 hours were documented as completed on 1/16/22 and 1/30/22, while resident was out of the facility.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">22 MAY 16 18:30</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	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 #2 – Per progress notes, resident fell and was out of the facility between 1/12/22-2/3/22 to recuperate from fall injury; however, monthly task reports show nightly checks every 4 hours were documented as completed on 1/16/22 and 1/30/22, while resident was out of the facility.</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>Retrained charge nurses to ensure nursing tasks are accurately documented and completed timely. Charge nurses to review POC at the end of shift to verify nursing tasks are documented accurately and timely.</p> <p>Retrained resident care aide to ensure nursing tasks are completed and accurately documented. When is resident is out of facility (hospitalization or vacation), the resident care aide should document in PointClickCare "Resident not Available."</p>	<p>04/26/22</p> <p>04/28/22</p> <p>22 MAY 16 A 8:30</p> <p>STATE OF FLORIDA DOH-ONCA STATE LICENSING</p>

Licensee's/Administrator's Signature:



Print Name: Dorothy Abreu

Date: 04/28/22

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

22 MAY 16 A8:30