

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Regency Hualalai	CHAPTER 90
Address: 75-181 Hualalai Road, Kailua-Kona, Hawaii 96740	Inspection Date: April 1, 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
DON-ONCA
STATE LICENSING

22 APR 25 A9:29

	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><u>FINDINGS</u> Resident #1 – Medication on 4/2022 medication administration record (MAR) states, "Phenazopyridine HCl Tablet 100mg Give 1 tablet by mouth every 8 hours as needed for urinary pain relief"; however, medication was not available in resident's inventory of medication.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</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><u>Part 1</u> <u>Regarding Resident #1</u></p> <ol style="list-style-type: none"> 1) Order reviewed 2) Call placed to Pharmerica for medication status check Pharmacist states they require, and are waiting for, a new prescription from PCP 3) Medication is "as needed" Order discontinued per standing orders <p>Date of Completion : 4/20/2022</p>	

22 APR 25 AM 9:29

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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 – Medication on 4/2022 medication administration record (MAR) states, "Phenazopyridine HCl Tablet 100mg Give 1 tablet by mouth every 8 hours as needed for urinary pain relief"; however, medication was not available in resident's inventory of medication.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><u>Part 2</u> <u>Regarding Resident #1</u></p> <ol style="list-style-type: none"> 1) Staff will notify LN of medication not received from pharmacy in a timely manner 2) MT and or LN will document, in PCC, the status of any medication not received from pharmacy in a timely manner 3) PRN "as needed" medication not available over a 60 day period will be discontinued per facility standing orders 4) Staff Education will be provided regarding these changes <p>Date of Completion : 5/20/2022</p>	

STATE OF HAWAII
DOH-CHCA
STATE LICENSES

22 APR 25 AM 9:29

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – Current service plan was not updated to reflect daily weights ordered by physician on 11/15/21.</p> <p>Resident #2 – Current service plan was not updated to reflect the current diet ordered by physician on 5/10/21, “consistent carbohydrate (CCHO), ADA, diabetic, no sugar added, NCS”. Service plan stated, “ADA 2000 calorie/low-salt diet”.</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><u>Part 1</u> <u>Regarding Resident #1</u></p> <p>1) Order reviewed 2) Information updated in service plan</p> <p style="text-align: right;">Date of Completion : 4/1/2022</p> <p><u>Part 1</u> <u>Regarding Resident #2</u></p> <p>1) Physician order, PCC documentation, Service Plan all reviewed to ensure diet order was correct and consistent in all areas of resident chart.</p> <p style="text-align: right;">Date of Completion : 4/1/2022</p>	

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<input checked="" type="checkbox"/>	<p>§11-90-8 Range of services. (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 #1 – Current service plan dated, 11/23/21, was not updated to reflect daily weights ordered by physician on 11/15/21.</p> <p>Resident #2 – Current service plan was not updated to reflect the current diet ordered by physician on 5/10/21, "consistent carbohydrate (CCHO), ADA, diabetic, no sugar added, NCS". Service plan stated, "ADA 2000 calorie/low-salt diet".</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</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><u>Part 2</u> <u>Regarding Resident #1</u></p> <ol style="list-style-type: none"> 1) LN will review all physician orders 2) Upon order initiation, service plan will be immediately updated 3) Staff education will be provided regarding these changes <p>Date of Completion : 5/20/2022</p>	

22 APR 25 10:29

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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</p> <p>Resident #1 – Current service plan dated, 11/23/21, was not updated to reflect daily weights ordered by physician on 11/15/21.</p> <p>Resident #2 – Current service plan was not updated to reflect the current diet ordered by physician on 5/10/21, "consistent carbohydrate (CCHO), ADA, diabetic, no sugar added, NCS". Service plan stated, "ADA 2000 calorie/low-salt diet".</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>22 APR 25 A9:29</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><u>Part 2</u> <u>Regarding Resident #2</u></p> <ol style="list-style-type: none"> 1) Upon order initiation, service plan will be immediately updated 2) Explanation of PCC diet order entry will be included into service plan as necessary 3) Staff education will be provided regarding these changes <p>Date of Completion : 5/20/2022</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(B) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Three meals daily, seven days a week, including modified diets and snacks which have been evaluated and approved by a dietitian on a semi-annual basis and are appropriate to residents' needs and choices;</p> <p><u>FINDINGS</u></p> <p>No documented evidence that diet menus were reviewed and approved by the consultant registered dietitian on a semi-annual basis.</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><u>Part 1</u></p> <p><u>Regarding Dietary Menus</u></p>	
	<p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>22 APR 25 A9:29</p>	<p>1) Received menus from Registered Dietician 2) Menus reviewed and signed by Registered Dietician, Facility Administrator and Dietary Manager</p> <p>Date of Completion : 4/20/2022</p>	

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	<p>STATE OF HAWAII DOM-ORCA STATE LICENSE NO</p> <p>22 APR 25 19:30</p>		

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(A)(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>Self-medication:</p> <p>Residents able to handle their own medication regimen may keep prescription medications in their unit;</p> <p>FINDINGS</p> <p>Resident #1,2 – Bottles of Robitussin and Pepto-Bismol were found on residents' entertainment stand. Both residents who live in the shared unit require assistance with medication and are not qualified to self-administer medication.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>22 APR 25 19:30</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><u>Part 1</u></p> <p><u>Regarding Resident #1,2</u></p> <ol style="list-style-type: none"> 1) OTC medication was removed from resident apartment 2) Explanation provided to residents 3) Request sent to PCP for order to administer Robitussin PRN [Pepto-Bismol is administered PRN per facility standing orders] <p>Date of Completion : 4/1/2022</p>	

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(A)(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>Self-medication:</p> <p>Residents able to handle their own medication regimen may keep prescription medications in their unit;</p> <p>FINDINGS</p> <p>Resident #1,2 – Bottles of Robitussin and Pepto-Bismol were found on residents' entertainment stand. Both residents who live in the shared unit require assistance with medication and are not qualified to self-administer medication.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>22 APR 25 19:30</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><u>Part 2</u></p> <p><u>Regarding Resident #1,2</u></p> <ol style="list-style-type: none"> 1) Staff will remove any OTC found in apartments of residents unable to self-administer medications 2) Explanation will be provided to residents regarding OTC medications 3) Letter will be sent to families of residents currently unable to self-administer medications, requesting they bring any OTC medication to the LN for proper storage and administration 4) Standing orders will be updated to include whether or not residents can self-administer OTC medication 5) Updated orders will be sent to corresponding physicians for authorization and signature 6) Staff education will be provided regarding these changes <p>Date of Completion : 5/20/2022 and ongoing</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p><u>§11-90-9 Record and reports system. (a)(1)</u> The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p><u>FINDINGS</u> Resident #3 – Current physical exam unavailable for review.</p> <p>STATE OF HAWAII DON-ONE STATE LICENSING</p> <p>22 APR 25 19:30</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><u>Part 1</u> <u>Regarding Resident #3</u></p> <ol style="list-style-type: none"> 1) Email sent to POA regarding request for information r/t recent or upcoming physician appointments for resident. Explanation of request included. 2) Cover letter and facility physical exam form faxed to PCP for completion <p>Date of Completion : 4/21/2022</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(4) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Incident reports of any bodily injury or other unusual circumstances affecting a resident which occurs within the facility, on the premises, or elsewhere, shall be retained by the facility under separate cover, and be available to authorized personnel and the department. The resident's physician or primary care provider shall be called immediately if medical care is necessary or indicated.</p> <p>FINDINGS Resident #1 – Emergency room visit dated 11/14/21 on after visit summary report, however, no documented evidence an incident report was generated by the facility.</p> <p>STATE OF HAWAII DOH-DOCA STATE LICENSING</p> <p>22 APR 25 19:30</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>§11-90-9 <u>Record and reports system.</u> (a)(4) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Incident reports of any bodily injury or other unusual circumstances affecting a resident which occurs within the facility, on the premises, or elsewhere, shall be retained by the facility under separate cover, and be available to authorized personnel and the department. The resident's physician or primary care provider shall be called immediately if medical care is necessary or indicated.</p> <p><u>FINDINGS</u> Resident #1 – Emergency room visit dated 11/14/21 on after visit summary report, however, no documented evidence an incident report was generated by the facility.</p> <p>STATE OF HAWAII DON-ONCA STATE LICENSING</p> <p>22 APR 25 A9:30</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><u>Part 2</u> <u>Regarding Resident #1</u></p> <ol style="list-style-type: none"> 1) MT or LN will initiate an incident report for any resident transferred out to the emergency room. 2) Staff education will be provided regarding these changes. <p>Date of Completion : 5/20/2022 and ongoing</p>	

Licensee's/Administrator's Signature: Michelle Tuma
Print Name: MICHELLE TUMA
Date: 02/22/2022

STATE OF HAWAII
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