

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Regency at Puakea, L.L.C	CHAPTER 100.1
Address: 2130 Kaneka Street, Lihue, Hawaii 96766	Inspection Date: April 22, 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.

22 MAY 16 P3:58
STATE OF HAWAII
DOH-CH-7A
STATE LICENSING

	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 was not updated to reflect the current diet order, “CCHO (ADA, diabetic, no added sugar, NCS) “, prescribed on 1/28/22.</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>SEE ATTACHED</p>	<p>04/29/2022</p> <p>22 MAY -4 P3:30</p> <p>STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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STATE OF HAWAII
DOH-CHCA
STATE LICENSES NS

STATEMENT OF DEFICIENCIES/LICENSING/PLAN OF CORRECTION NOTICE

11-90-8 Range of Services. (a)(2)

Service Plan (Pages 2 & 3)

POC Part 1 • DID YOU CORRECT THE DEFICIENCY?


Yes, Resident # 1 – Service plan was updated on 04/29/2022 to reflect the current diet order, “CCHO (ADA, diabetic, no added sugar, NCS)”

11-90-8 Range of Services. (a)(2)

Service Plan

POC Part 2 PLAN: What will you do to ensure this does not happen again?

- The Wellness Director or RN Designee will review the physician order, enter the diet order change into PCC and review information entered to ensure the order is correctly reflected in the comprehensive assessment/service plan.
- As review of medications are conducted quarterly on each resident, we will also review dietary orders to ensure the order is correctly reflected in the service plan.
- Education for all licensed nurses on proper procedure for order updates and review when orders received from the ordering health care provider completed on 05/02/2022.


Executive Director
05/02/2022

STATE OF HAWAII
DOH-CHOA
STATE LICENSING

'22 MAY -4 P 3:30

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STATE OF HAWAII
DOH-ONCA
STATE LICENSING

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11-90-8 Range of Services. (a)(2)

Service Plan (Pages 4 & 5)

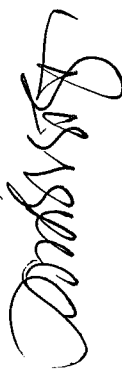
POC Part 1 • DID YOU CORRECT THE DEFICIENCY?

Yes, Resident #1 Resident#2's Primary Care Physician (PCP) was notified of increase weight gain between 4/2021-4/2022. Registered Dietitian will assess resident during monthly visit. Service plan was updated on 5/1/2022 with measurable goals and expected outcome for weight monitoring. Managed Risk Agreement initiated as both residents are non-compliant with diet order as prescribed by their physician.

POC Part 2 PLAN: What will you do to ensure this does not happen again?

- Assisted Living resident's weight will be obtained at least monthly.
- If significant weight change is noted:
 - License Nurse (LN) will assess and document potential causes of weight change.
 - Place on weekly weight monitoring until weight is stable.
 - Report to PCP and family/responsible party.
 - Registered Dietitian will assess resident and provide education on day-to-day food choices for weight monitoring.
- Wellness Director and/or designee will educate dining aides and caregivers of weight monitoring goals and expected outcomes.
- Service Plan will be updated with measurable goals and expected outcomes for weight monitoring.
- Registered Dietitian will follow up monthly for weight monitoring.
- Initiate Managed Risk Agreement for non-compliance of diet order as prescribed by physician.
- A review of this process was conducted by the Executive Director with Licensed Clinical Team, Registered Dietitian, and assistive staff during the week of 04/25-29/2022.

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

 Executive Director
05/12/2022

22 MAY 16 P3:58

	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 – Progress note dated 12/27/22 states, "...second right toe with pocket of purulence surrounding ulcer with mild cellulitis"; however, no documented evidence monitoring of wound occurred by facility.</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>	

STATE OF HAWAII
DOH-ORCA
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22 MAY -4 P3:30

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11-90-8 Range of Services. (b)(1)(F)
Service Plan (Pages 6 & 7)

POC Part 1 • Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future is required.

POC Part 2 PLAN: What will you do to ensure this does not happen again?

- An Interim Service Plan (ISP) for wound care will be initiated for a minimum of 3 days to trigger Wellness Director or designee (Licensed/Assistive Staff) to document on current state of wound resolved.
- If the wound is unresolved on day 3, documentation of condition and treatment monitoring will continue until wound resolved.
 - Report to PCP and family/responsible party.
 - The Wellness director or designee will initiate standard skin assessment that will trigger weekly until wound resolved.
 - The Wellness Director or designee (Licensed/Assistive Staff) will provide descriptive (type of wound, location, size, color, healing, scabbing, etc. documentation of the wound until resolved.
 - The Wellness Director or Licensed designee will review documentation made by assistive staff for appropriateness until wound is resolved.
 - A review of this process was conducted by the Executive Director with Licensed Clinical Team and assistive staff on 05/12-19/2022.

Dr. [Signature] Executive Director
05/12/2022

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

22 MAY 16 P 3:58

	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 – Service plan developed on same date as admission, 11/11/20.</p> <p>Resident #3 – Service plan developed on same date as admission, 3/8/22.</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>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p>22 MAY -4 P 3:30</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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11 -90-8 Range of Services. (b)(1)(F)

Service Plan (Pages 8 & 9)

POC Part 1 • Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future is required.

POC Part 2 PLAN: What will you do to ensure this does not happen again?

- Each resident shall receive a comprehensive assessment of their need for service prior to occupancy date. The results of the assessment will be used to develop an individualized service plan.
- The Wellness Director or Licensed Designee will enter all information into PCC (EMR) upon completion of data entry The Wellness Director or Licensed Designee will review the "pre-move-in" comprehensive assessment information entered PCC and ensure the Service plan is initiated prior to occupancy date.
- A review of this process was conducted by the Executive Director with Licensed Clinical

Team completed on 05/02/2022.

Angela Executive Director
05/02/2022

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

'22 MAY -4 P3:31

	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 #1 – eMAR progress notes between 4/15/22-4/22/22 show, “acetaminophen tablet 500mg Give 2 tablet by mouth as needed for pain”, was administered daily by various “medication aide/techs”; however, no documented evidence nurse delegation to unlicensed assistive personnel by a currently licensed nurse occurred.</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>STATE OF HAWAII DOH-OSCA STATE LICENSING</p>	<p>22 MAY -4 P3:31</p>

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11-90-8 Range of Services. (b)(1)(F)

Service Plan (Pages 10 &11)

POC Part 1 • Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future is required.

POC Part 2 PLAN: What will you do to ensure this does not happen again?

- *Med Tech (trained unlicensed assistive staff) on duty will contact the RN on-call for authorization to administer the PRN medication. The Med Tech will provide the RN on-call with their observation (symptoms, behavior, vital signs) of the resident in need of the PRN medication. The RN on-call will determine appropriateness to administer PRN medication administration based on Med Techs observation. If authorized to administer PRN medication, The Med Tech will document date and time of PRN medication administration. The Med Tech will contact RN on-call in one hour after administration to report effectiveness of PRN medication administered. The RN on-call will review Med Tech's entry and document review.*
- *Wellness Director or RN Designee will review, document, sign, and date PRN medication administered by trained unlicensed assistive staff.*
- *RN Delegation policy and procedure in-service reviewed with Licensed Clinical Staff and trained unlicensed assistive staff. Completed during the week of 04/25-29/2022.*

*Dr. [Signature], Executive Director
05/12/2022*

STATE OF HAWAII
DOH - OCHA
STATE LICENSING

22 MAY 16 PM 3:58

	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><u>FINDINGS</u> Resident #1 – No documented evidence medication was reviewed timely, every 90 days, between 4/1/21-9/1/21.</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>	

STATE OF HAWAII
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STATE LICENSING
MAY -4 2022
P 3:31

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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11-90-8 Range of Services. (b)(1)(F)
Service Plan (Pages 12 & 13)

POC Part 1 • Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future is required.

POC Part 2 PLAN: What will you do to ensure this does not happen again?

- The Regency at Puakea's Medication Administration P&P states the Resident medication regimen will be reviewed by the RN, Pharmacist, or medical provider every 90-days.
- The Wellness Director and Licensed Clinical Team will conduct monthly chart audits to ensure Resident medication regimen is reviewed every 90-days.
- A review of The Regency at Puakea's Medication Administration P&P was conducted by the Executive Director with the Licensed Wellness Director and Licensed Clinical Team completed on 04/29/2022.

Dr. S. K. Executive Director
05/01/2022

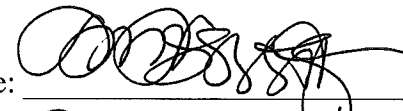
STATE OF HAWAII
DOH-CHCA
STATE LICENSING

22 MAY -4 P 3:31

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____



Pam P. K. Arroyo

05/02/2022

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

22 MAY -4 P3:31

Licensee's/Administrator's Signature: _____



Print Name: _____

Pam Arnold

Date: _____

05/12/2022

STATE OF HAWAII
DOH-CHCA
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22 MAY 16 P 3:58