

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Arcadia Retirement Residence	CHAPTER 90
Address: 1434 Punahou Street, Honolulu, Hawaii 96822	Inspection Date: May 11, 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

2022 MAY 25 P 4:17

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(1) Service plan.</p> <p>The assisted living facility staff shall conduct a comprehensive assessment of each resident's needs, plan and implement responsive services, maintain and update resident records as needed, and periodically evaluate results of the plan. The plan shall reflect the assessed needs of the resident and resident choices, including resident's level of involvement; support principles of dignity, privacy, choice, individuality, independence, and home-like environment; and shall include significant others who participate in the delivery of services;</p> <p><u>FINDINGS</u> Resident #1 - Resident began having eye redness to right lower eye on 6/4/21 and was diagnosed with blepharitis. Progress note dated 6/10/21 stated, "redness persist to bilateral eyelids with no drainage noted"; progress note on 11/30/21 stated, "eye still with redness on the eyelid. He has been on bacitracin eye ointment since June 2021", and progress note dated 12/21/21 stated, "eye ointment completed 12/21/21 eve shift. Still with redness to bilateral eyes but is improving"; however, the resident's service plan was not updated to reflect the ongoing blepharitis between 6/4/21 and 12/21/21, to include resident's needs, treatment services, and goals for blepharitis.</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>On 5/11/22, resident #1 was assessed by Registered Nurse for bilateral lower eyelids for redness, discharge, and pain due to Blepharitis related to Ectropion. Administration of Tobradex eye ointment was applied to bilateral eyes BID x10 days and after completion, Blepharitis resolved. Resident #1's service plan update sheet was updated and resolved. Resident #1's PCP was updated.</p>	<p>5/23/22</p> <p style="text-align: right;">22 MAY 25 P4:7</p>

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(1) Service plan.</p> <p>The assisted living facility staff shall conduct a comprehensive assessment of each resident's needs, plan and implement responsive services, maintain and update resident records as needed, and periodically evaluate results of the plan. The plan shall reflect the assessed needs of the resident and resident choices, including resident's level of involvement; support principles of dignity, privacy, choice, individuality, independence, and home-like environment; and shall include significant others who participate in the delivery of services;</p> <p><u>FINDINGS</u> Resident #1 - Resident began having eye redness to right lower eye on 6/4/21 and was diagnosed with blepharitis. Progress note dated 6/10/21 stated, "redness persist to bilateral eyelids with no drainage noted"; progress note on 11/30/21 stated, "eye still with redness on the eyelid. He has been on bacitracin eye ointment since June 2021", and progress note dated 12/21/21 stated, "eye ointment completed 12/21/21 eve shift. Still with redness to bilateral eyes but is improving"; however, the resident's service plan was not updated to reflect the ongoing blepharitis between 6/4/21 and 12/21/21, to include resident's needs, treatment services, and goals for blepharitis.</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>To ensure that this deficiency does not recur, licensed nurses were in-serviced on service plan updates, communication to physicians and documentation to reflect resident's condition which are to be updated on the service plan update sheets in a timely manner. QA RN or designee will audit changes of status to ensure timely documentation and updates were made. (See attached in-service syllabus and training acknowledgement form)</p>	<p style="text-align: center;">5/23/22</p> <p style="text-align: center;">22 MAY 25 P4:17</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	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> No documented evidence comprehensive assessments and service plans were performed and developed prior to residents' admission into the 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>	<p>22 MAY 25 P 4:17</p> <p>STATE OF HAWAII DWM-ORIS STATE INSURANCE</p>

	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> No documented evidence comprehensive assessments and service plans were performed and developed prior to residents' admission into 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>To ensure that this deficiency does not recur, Clinic Manager or designee will meet with resident and/or resident representative prior to admission to complete a comprehensive assessment and develop a service plan. Upon completion, resident and/or resident representative will review and sign forms prior to being enrolled into the Assisted Living Program. Medical records Manager, Clinic Manager and/or designee will review documents and upload completed assessment and service plan into resident's Electronic Medical Records.</p> <p>By 5/23/22, Licensed Nurses and administrative staff were in-serviced on the process for completing and uploading resident's comprehensive assessment and service plan prior to enrolling into the Assisted Living Program. (See attached in-service syllabus and training acknowledgement form)</p>	<p>5/23/22</p> <p style="text-align: right;">'22 MAY 25 P 4:17</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 #1 – Resident began having eye redness to right lower eye on 6/4/21 and was diagnosed with blepharitis. Progress note dated 6/10/21 stated, “redness persist to bilateral eyelids with no drainage noted”; however, no further documented evidence of monitoring occurred until 11/30/21. Progress note on 11/30/21 stated, “eye still with redness on the eyelid. He has been on bacitracin eye ointment since June 2021”. No documented evidence physician was notified between 6/4/21-11/30/21 about unresolved eye redness.</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: center;">22 MAY 25 P 4:17</p> <p style="text-align: center; font-size: small;">STATE OF MONTANA DEPARTMENT OF HEALTH STATE LIVING</p>

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Licensee's/Administrator's Signature: _____

J Shira

Print Name: _____

JONATHAN SHIRAKI

Date: _____

5/23/22

STATE OF HAWAII
DHF-DHCA
STATE LICENSING

22 MAY 25 P4:17