

808692-7414

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Waialae Senior Living	CHAPTER 100.1
Address: 2945 Kalei Road, Honolulu, Hawaii 96826	Inspection Date: April 14, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

22 APR 28 P3:05

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Resident #5 – Observed unsecured Over the Counter (OTC) Arthritis Cream on bedside dresser.</p> <p>STATE OF HAWAII DON-ONCA STATE LICENSING 22 APR 28 P 3:05</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>Removed OTC cream from room. Locked it in our medication cabinet.</p>	<p>4/14/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #5 – Observed unsecured OTC Arthritis Cream on bedside dresser.</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>On the future, I will have the Charge CNA scan rooms daily for OTC meds, creams, lotions, drops, etc... It will not be left out. They will be locked in the med cabinet + administered per MD/ APPN order.</p>	

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22 APR 28 P 3:05

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis:</p> <p><u>FINDINGS</u> Resident #4 – No documented evidence of a current annual tuberculosis clearance by a physician or advanced practice registered nurse (APRN).</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>22 APR 28 P 3:05</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><i>Appt for TB + PE was completed on 4/20. (SEP attached)</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #4 - No documented evidence of a current annual tuberculosis clearance by a physician or APRN.</p> <p>4/28 - I called #4 resident family today. She confirmed appt with PCP for TB + PE on 4/1/23.</p> <p>Our house manager will confirm that all TB + PE appt requirements are performed on an annual basis.</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>The appt was requested 2 months ago to the family; however, they live out of town + would not allow NSL to take resident out to do TB/PE.</p> <p>In the future, I will ask family to schedule appt prior to leaving Island so expiration of TB/PE/ vaccinations do not occur. The next TB/PE is scheduled for 4/1/23.</p>	

Licensee's/Administrator's Signature: _____

[Handwritten Signature]

Print Name: _____

Tamela Takahashi

Date: _____

4/25/22

STATE OF HAWAII
DOH-CHCA
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22 APR 28 P3:05