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Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Roselani Place Assisted Living Facility	CHAPTER 90
Address: 88 South Papa Avenue, Kahului, Hawaii 96732	Inspection Date: July 12, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-3 <u>Licensing</u> (o)(10)(D) Applications for licensure shall be made to the department on a form provided by the department and shall include full and complete information as follows:</p> <p>Evidence that the premises comply with state and county building, housing, fire, and other codes, ordinances, and laws for the type of occupancy to be licensed. Compliance shall include but not be limited to the following:</p> <p>Applicable state laws and administrative rules relating to sanitation, health, and environmental safety.</p> <p><u>FINDINGS</u> 1st Floor Medication Refrigerator – No documented evidence refrigerator temperature was monitored on the following days: 2/23/22, 2/16/22, 2/27/22, 5/7/22, 5/8/22, 5/29/22</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>	

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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 – Service plan included services for resident with significant weight loss to be weighed weekly, however, no documented evidence of weekly weights available.</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>§11-90-8 <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 – Service plan was not updated to reflect the current diet order, “regular diet”.</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>When Resident #1 moved into Rosekni there was an order for a low-carb diet. This was not reflected in the Initial Service Plan. Resident #1 had a history of weight loss and poor food intake. The Resident/family subsequently elected hospice services. The Resident's status was discussed with Hospice Maui and new orders were obtained which better reflected Resident #1's dietary needs and habits. See Addendum B.</p> <p>The current service plan has been updated to reflect Resident #1's current diet. See Addendum C</p>	<p>07/18/2022</p>

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<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) 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 #1 – Annual physical exam unavailable for review</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>There was no H&P provided by Resident #1's PCP prior to or after his move-in date of 01/21/2022. An H&P from Resident #1's admission to Maui Memorial Medical Center on 03/04/2022 was obtained on 07/18/2022. See Addendum D.</p>	<p>07/18/2022</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><u>FINDINGS</u> Resident #1 – Incident report unavailable for change in condition requiring an emergency room visit on 3/4/22.</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>	

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STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div data-bbox="205 272 247 313" data-label="Image"><input checked="" type="checkbox"/></div> <div data-bbox="247 881 300 1157" data-label="Text">22 AUG 8 PM 1:14</div> <div data-bbox="352 914 436 1117" data-label="Text">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</div>	<p data-bbox="279 264 940 394">§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 data-bbox="279 418 940 638">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 data-bbox="279 670 877 760"><u>FINDINGS</u> Resident #1 – Incident report unavailable for change in condition requiring an emergency room visit on 3/4/22.</p>	<p data-bbox="1266 256 1392 289">PART 2</p> <p data-bbox="1213 329 1444 362"><u>FUTURE PLAN</u></p> <p data-bbox="972 402 1696 508">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p data-bbox="961 532 1707 800">In the future, an incident report shall be initiated and completed for all instances when a resident is sent to the ER. On 07/13/2022 - 07/15/2022 staff received an in-service training on the Policy and Procedure for Incident Reporting by the General Manager. The Health Services Dept staff are aware that any time a Resident is sent to the ER, an incident report is required.</p> <p data-bbox="961 833 1686 1052">The Director of Health Services, General Manager or Designee will be notified when any Resident is sent to the ER and provide follow-up to verify an incident report has been initiated. The Director of Health Services, General Manager or designee will review and sign off on all incident reports.</p>	<p data-bbox="1707 532 1843 621">07/13/2022 and ongoing</p>

Licensee's/Administrator's Signature: Faith Gianan

Print Name: FAITH GIANAN

Date: 8/5/2022

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STATE OF HAWAII
BON-ORCA
STATE LICENSING

Licensee's/Administrator's Signature: Faith Arianan

Print Name: FAITH ARIANAN

Date: 8/31/2022

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STATE OF ARIZONA
DEPARTMENT OF
STATE LICENSING