

Office of Health Care Assurance

22 OCT -3 18:10

State Licensing Section

STATE OF HAWAII

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: <b>The Plaza at Punchbowl</b>	<b>CHAPTER 90</b>
Address: <b>918 Lunalilo Street, Honolulu, Hawaii 96822</b>	Inspection Date: <b>September 7, 2022 Annual</b>

**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><b><u>FINDINGS</u></b> 2<sup>nd</sup> Floor Medication Refrigerator – No documented evidence of temperature readings for the following dates: 1/4/22, 1/30/22, 2/20/22, 3/22/22, 4/17/22, 4/24/22, 4/29/22, 7/12/22</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	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><b>FINDINGS</b> Resident #1 – Medication Administration Record (MAR) and facility applied label to bottle of OTC melatonin states, "Melatonin 3MG Give 1 tablet by mouth in the evening"; however, dosage on manufacturer packaging/label says "1mg".</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>Yes, this deficiency was immediately addressed following inspection.</p> <p>The MD was faxed requesting clarification of orders to match OTC bottle on hand.</p> <p>Received revised orders back from MD.</p> <p>Replaced label on bottle to match manufacturer label and orders.</p>	<p style="text-align: right;">'22 SEP 20 16:40</p> <p style="text-align: right;">9/17/22</p> <p style="text-align: right;">9/18/22</p>

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STATE OF MICHIGAN  
 DEPARTMENT OF HEALTH  
 DIVISION OF NURSING  
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<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><b><u>FINDINGS</u></b> Resident #1 – Timely medication review by a registered nurse or physician unavailable between 1/26/22 and 6/9/22</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>'22 SEP 20 08:40</p>

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Licensee's/Administrator's Signature: Cher

Print Name: CHERIE ANDRADE

Date: 9/19/2022

22 SEP 20 18 40

STATE OF CALIFORNIA  
DEPARTMENT OF  
STATE LICENSING



Licensee's/Administrator's Signature: Chen

Print Name: CHERIE ANDRADE

Date: 9/30/22

STATE OF MICHIGAN  
DIVISION OF  
STATE EMPLOYMENT  
22 OCT -3 18:10