

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hiolani Assisted Living Center at Kahala Nui	CHAPTER 90
Address: 4389 Malia Street, Honolulu, Hawaii 96821	Inspection Date: February 10, 2023 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 LICENSING SECTION
23 MAR 20 PM 2:11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-2 <u>Definitions.</u> As used in this chapter:</p> <p>"Service plan" means a written plan for services developed with input from a facility staff representative, the resident or significant other (if the resident consents) and includes recognition of the resident's capabilities and choices. The plan defines the division of responsibility in the implementation of the services to be provided and specifies measurable goals. The service plan also specifies who will be responsible for providing services and when and how often care and services will be provided or arranged. The plan shall be developed at the time of admission and shall be reviewed and updated at least semi-annually or when the condition of the resident changes, or when the need arises.</p> <p><u>FINDINGS</u> Residents' service plans were not reviewed and/or updated at least semi-annually.</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: right;">23 FEB 27 P 4:29</p>

JCB 2/27/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-2 <u>Definitions.</u> As used in this chapter:</p> <p>"Service plan" means a written plan for services developed with input from a facility staff representative, the resident or significant other (if the resident consents) and includes recognition of the resident's capabilities and choices. The plan defines the division of responsibility in the implementation of the services to be provided and specifies measurable goals. The service plan also specifies who will be responsible for providing services and when and how often care and services will be provided or arranged. The plan shall be developed at the time of admission and shall be reviewed and updated at least semi-annually or when the condition of the resident changes, or when the need arises.</p> <p><u>FINDINGS</u> Residents' service plans were not reviewed and/or updated at least semi-annually.</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>23 MAR 20 PM 12:12</p>

John 3/16/23

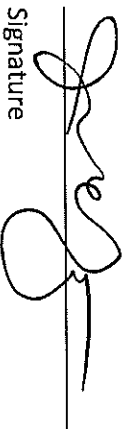
11-90-2 Range of services

All resident service plans have now been scheduled to be reviewed on a semi-annual basis. Additionally, all plans will be reviewed and updated should the residents' condition or circumstances change. This review includes but is not limited to the review of physician or allied healthcare professionals' orders, consultations or recommendations as well as suggestions made by the resident, their family and the Hi'olani staff regarding the care or services provided. A service plan monitoring log/calendar has been established to keep track of individual review dates.

The service plan monitoring log is a simple spread sheet developed by the assistant director of nursing (ADON) and social worker (SW) to track service plan review/updating due dates including the semi-annual review (if not done more often based on the residents needs or changing condition). This spread sheet/log is a simple tool which includes resident names, and initial service plan dates and subsequent due dates. This log is identical to the many other logs utilized in the facility to track a variety of information or data. It will be used by the ADON and SW as their response to ensuring that the semi-annual review is being completed for each resident. Because the ADON and SW routinely utilize spreadsheets to manage various forms of data and develop this particular tool, in this case, no in-service training is required. The assisted living management team (including the Hi'olani Director of Nursing and others) meets weekly to review each residents' current needs, medications, situation, etc. the review of this log will be included as a part of the agenda with electronic or hard copies provided to the management team.

The Assistant Director of Nursing and Social Worker for Assisted Living are responsible for ensuring that all service plans are reviewed on a semi-annual and annual basis or more often if there are changes in the residents' condition. Additionally, they will update the plan on an as needed basis so that it remains current and reflects the services, goals, and specifics who is responsible for providing the care and services the resident requires. The Director of Nursing is responsible for periodic cross checking to ensure service plans remain current. This review will be done at the weekly assisted living operations meeting.

This action was completed on February 23rd, 2023



Signature

3/15/23

Date

	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- Consultation form dated and signed by physician on 9/29/22 had the following recommendation, "electric toothbrush with help (due to poor oral hygiene)." Service plan was not reevaluated and updated to reflect assessed needs of the resident. Current service plan (5/3/22) shows resident is independent with oral hygiene.</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 style="text-align: center;"><i>See attached</i></p> <div style="text-align: right;"> <p>STATE OF MICHIGAN DEPARTMENT OF STATE LIAISON</p> <p><i>Jez</i> 2/24/23</p> </div>	<p style="text-align: center;"><i>2/23/23</i></p> <p style="text-align: center;">23 FEB 27 P4:29</p>

11-90-8 Range of Services (a)(1) – Service Plan

The resident service plan was reviewed and updated to reflect the recommendation regarding the employment of an electric tooth brush. Additionally, the resident's daughter was contacted regarding this recommendation and an electric toothbrush was procured. The resident was instructed in the use of the device and the staff has been monitoring/assisting the resident with oral hygiene as needed.

The Assistant Director of Nursing and Social Worker for Assisted Living are responsible for ensuring that all service plans are reviewed on a semi-annual and annual basis or more often if there are changes in the residents' condition. Additionally, they will update the plan on an as needed basis so that it remains current and reflects the services, goals, and specifies who is responsible for providing the care and services the resident requires. This review includes but is not limited to the review of consultation forms or orders from the residents' physicians or other allied healthcare professionals. The Director of Nursing is responsible for periodic cross checking to ensure service plans remain current. Service plan status will be an added agenda item for the weekly Assisted Living staff meetings.

This action was completed on February 23rd, 2023


Signature

2/24/23
Date

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	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- Consultation form dated and signed by physician on 9/29/22 had the following recommendation, "electric toothbrush with help (due to poor oral hygiene)." Service plan was not reevaluated and updated to reflect assessed needs of the resident. Current service plan (5/3/22) shows resident is independent with oral hygiene.</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 style="text-align: right;">23 MAR 20 PM 11</p> <p style="text-align: right; font-size: small;">SYSTEM GENERATED BY THE STATE OF CONNECTICUT</p>

JLJ 3/16/23

11-90-8 Range of Services

The resident service plan was reviewed and updated to reflect the recommendation regarding the employment of an electric toothbrush. Additionally, the resident's daughter was contacted regarding this recommendation and an electric toothbrush was procured. The resident was instructed in the use of the device and the staff has been monitoring/assisting the resident with oral hygiene as needed.

An in-service training session was held with the nursing staff to review the importance of ensuring that orders are documented in the resident's chart as well as their service plan and carried out accordingly (whether they are received from a physician, dentist, or other allied healthcare professionals. Oral hygiene orders or recommendations). The assisted living nursing staff is responsible for ensuring that orders from whatever the source are charted, included in the service plan, and carried out. The immediacy of action regarding orders was also included in the in-service review. The recommendation from the dentist regarding the use of an electric toothbrush was used as an example of how something can be missed by not reading the dental notes or seeing them but not acting immediately to address the situation. It was also stressed that this potentially could have had a negative impact on the resident's oral health. This is not a new responsibility as nurses routinely receive, document, and carry out many hundreds of orders each month without incident. The in-service training, subsequent follow up, and cross checking are standard procedures for the nursing staff. During the weekly assisted living team meetings, and periodic chart audits, the status of orders are discussed. Recommendations from a dentist, therapist or behavioral healthcare professional are reviewed and if appropriate implemented (after receiving a physician's order). A part of regular, long-standing policies and procedures, the night charge nurse is responsible from conducting chart audits including the review of orders to ensure that there is documentation regarding implementation of the order, contact made with the resident and their family, etc. If not completed, the nurse informs the day shift to complete the order or make the appropriate communication with other staff (such as the therapy team). Members of the management team are notified as required if tasks or orders need action.

The Assistant Director of Nursing and Social Worker for Assisted Living are responsible for ensuring that all service plans are reviewed on a semi-annual and annual basis or more often if there are changes in the residents' condition. A simple cross-checking log has been established to make tracking service plan review dates easier. Additionally, the nursing staff will update the plan on an as needed basis so that it remains current and reflects the services, goals, and specifies who is responsible for providing the care and services the resident requires. This review includes but is not limited to the review of consultation forms or orders from the residents' physicians or other allied healthcare professionals. The Director of Nursing is responsible for periodic cross checking to ensure service plans remain current. This will be done by adding a service plan status report as an agenda item for the weekly Assisted Living staff meetings.

This action was completed on February 23rd, 2023



Signature

3/16/23

Date

	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 – Service plan was not updated to include the current diet order, “low salt diet,” ordered 9/1/22.</p> <p>Resident #2 – Service plan was not updated to include the current diet order, “NCS diet instruction and ½ serving of starch at lunch and dinner,” ordered 10/3/22.</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 style="text-align: center;"><i>See attached</i></p> <div style="text-align: right; font-size: small;"> STATE OF UTAH DEPARTMENT OF HEALTH SERVICES </div> <p style="text-align: right;"><i>2/24/23</i></p>	<p style="text-align: right;"><i>2/28/23</i></p> <p style="text-align: center;">23 FEB 27 P4:29</p>

11-90-8 Range of Services (a)(3) – Service Plan

The resident service plans (resident #1 and #2) were reviewed and updated to reflect the recommendation regarding their current diet orders. Additionally, the physician(s), residents and their legal representatives were updated to ensure their dietary orders remain current.

The Kāhala Nui Dietitian, Assistant Director of Nursing and Social Worker for Assisted Living are responsible for ensuring that all service plans, including diet orders are reviewed on a semi-annual and annual basis or more often if there are changes in the residents' condition or dietary needs. Additionally, they will update the plan on an as needed basis so that it remains current and reflects the services, goals, and specifies who is responsible for providing the care and services the resident requires. This review includes but is not limited to the review of consultation forms or orders from the residents' physicians or other allied healthcare professionals. The review will also include residents, family member and staff input regarding the current residents' needs. The Director of Nursing is responsible for periodic cross checking to ensure service plans remain current. Service plan status will be an added agenda item for the weekly Assisted Living staff meetings.

This action was completed on February 23rd, 2023



Signature



Date

DATE RECEIVED
BY: [illegible]
NURSING

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	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 – Service plan was not updated to include the current diet order, “low salt diet,” ordered 9/1/22.</p> <p>Resident #2 – Service plan was not updated to include the current diet order, “NCS diet instruction and ½ serving of starch at lunch and dinner,” ordered 10/3/22.</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 style="text-align: right;">23 MAR 20 PM 2:11</p>

JJ 3/16/23

11-90-8 Range of Services (a)(3) Part 2 – Service Plan

The resident service plans (resident #1 and #2) were reviewed and updated to reflect the recommendation regarding their current diet orders. Additionally, the physician(s), residents and their legal representatives were updated to ensure their dietary orders remain current.

A process review was completed with the Dietitian to reinforce the need to ensure that service plans are updated to include documentation of current dietary orders. While the Dietitian and nursing staff routinely process many hundreds of orders each month, it is important to ensure that none are missed or that documentation done in the resident's chart is also reflective as an update to the resident's service plan. This point was emphasized during the discussion. The Dietitian and nursing staff are responsible for ensuring that orders are received, logged and carried out. These are not new responsibilities, but an integral part of standard operating procedure. During the weekly review of each resident's current situation, the status of orders, charting and keeping each service plan current will be included on in the meeting agenda.

The Kāhala Nui Dietitian, Assistant Director of Nursing and Social Worker for Assisted Living are responsible for ensuring that all service plans, including diet orders are reviewed on a semi-annual and annual basis or more often if there are changes in the residents' condition or dietary needs. Additionally, they will update the plan on an as needed basis so that it remains current and reflects the services, goals, and specifics who is responsible for providing the care and services the resident requires. This review includes but is not limited to the review of consultation forms or orders from the residents' physicians or other allied healthcare professionals. The review will also include residents, family members and staff input regarding the current residents' needs. The Director of Nursing is responsible for periodic cross checking to ensure service plans remain current. Service plan status will be an added agenda item for the weekly Assisted Living staff meetings.

This action was completed on February 23rd, 2023




Signature



Date

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(2)(B) Services.</p> <p>The assisted living facility shall also have the capability to provide or arrange access to the following services:</p> <p>Ancillary services for medically related care (e.g. physician, pharmacist, therapy, podiatry, etc.), barber or beauty care services, social or recreational opportunities, and other services necessary to support the resident;</p> <p><u>FINDINGS</u> Resident #1 – Consultation form dated and signed by physician on 9/16/22 reads, “Home health PT for gait abnormality.” No documented evidence that PT services were provided or that facility had arranged for PT services.</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: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p> <p style="text-align: right; font-size: x-large;"><i>[Signature]</i> 2/24/23</p>	<p style="text-align: center; vertical-align: middle;">'23 FEB 27 P 4:29</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(2)(B) Services.</p> <p>The assisted living facility shall also have the capability to provide or arrange access to the following services:</p> <p>Ancillary services for medically related care (e.g. physician, pharmacist, therapy, podiatry, etc.), barber or beauty care services, social or recreational opportunities, and other services necessary to support the resident;</p> <p>FINDINGS Resident #1 – Consultation form dated and signed by physician on 9/16/22 reads, “Home health PT for gait abnormality.” No documented evidence that PT services were provided or that facility had arranged for PT services.</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 style="text-align: right;">23 MAR 20 PM 11</p> <p style="text-align: right; font-size: small;">STATE OF MONTANA DEPARTMENT OF LABOR & INDUSTRY STATE LICENSING</p>


 3/16/23

11-90-8 Range of services (b)(2)(B)

Orders or recommendations for a resident's care or services are handled by the nursing staff on a routine basis. This is not a new procedure as many orders are reviewed on a monthly basis and handled appropriately without incident. In this situation, the order for PT was not identified or carried out. An in-service training session was held with the nursing staff to review the importance of ensuring that orders are documented in the resident's chart as well as their service plan and carried out accordingly whether they are received from a physician, therapist, or other allied healthcare professionals. The assisted living nursing staff is responsible for ensuring that orders from whatever the source are charted, included in the service plan, and carried out. The immediacy of action regarding orders was also included in the in-service review. The recommendation for Kaiser Home Health Physical Therapy was used as an example of how something can be missed by not reading orders or placing them in the chart but not acting immediately to address the situation. In this case, following up with Kaiser to arrange for PT in apartment, or at the Kaiser facility. It was also stressed that this potentially could have had a negative impact on the resident's overall wellbeing. This is not a new responsibility as nurses routinely receive, document, and carry out many hundreds of orders each month without incident. The in-service training, subsequent follow up, and cross checking are standard procedures for the nursing staff. During the weekly assisted living team meetings, and periodic chart audits, the status of orders are discussed. Recommendations from physicians, therapists or other healthcare professionals are reviewed and if appropriate implemented (after receiving a physician's order). A part of regular, long-standing policies and procedures, the night charge nurse is responsible from conducting chart audits including the review of orders to ensure that there is documentation regarding implementation of the order, contact made with the resident and their family, etc. If not completed, the nurse informs the day shift to complete the order or to follow up with the appropriate communication (and document in the resident's chart and service plan). The night charge nurse will subsequently double check to ensure that the recently received orders that were identified in the previous chart audit have been carried out and that documentation of that fact is in the residents chart. Members of the management team are notified as required if there has been a delay.

The Assistant Director of Nursing and Social Worker for Assisted Living are responsible for ensuring through the supervisory process and periodic chart audits, that all orders are applied and carried out appropriately by staff. Additionally, they will update the plan on an as needed basis so that it remains current and reflects the services, goals, and specifics who is responsible for providing the care and services the resident requires. The Director of Nursing is responsible for periodic cross checking to ensure service plans remain current. Service plan status, orders review, and a status report of chart audits will be an added agenda item for the weekly Assisted Living staff meetings.

This action was completed on February 23rd, 2023


Signature

2/15/23
Date

Licensee's/Administrator's Signature: _____



Print Name: _____

JAY Duquette

Date: _____

2/24/23

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

'23 FEB 27 P 4:29

Licensee's/Administrator's Signature: _____

Print Name: JAY Duquette

Date: 3/16/23

STATE OF HAWAII
DEPARTMENT OF
TRANSPORTATION
DIVISION OF LICENSES

23 MAR 20 PM 11