

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hawaii Kai Retirement Phase I & II	CHAPTER 90
Address: 428 Kawaihae Street, Honolulu, Hawaii 96825	Inspection Date: February 1, 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.

23 JUN 26 9:34:42
STATE OF HAWAII
DOH-001
STATE LICENSING

	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>"Managed risk" means a formal process of negotiating and developing a plan to address resident needs, decisions, or preferences to reduce the probability of a poor outcome for the resident or of putting others at risk for adverse consequences.</p> <p><u>FINDINGS</u> Resident #2 –No managed risk plan completed for the use of 24/7 private caregivers for all personal care services.</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>For resident #2, the manager's plan was created. Facility and resident signed off on plan.</p>	<p>6/26/23</p> <p>23 JUN 26 P 3:42</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	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>"Managed risk" means a formal process of negotiating and developing a plan to address resident needs, decisions, or preferences to reduce the probability of a poor outcome for the resident or of putting others at risk for adverse consequences.</p> <p><u>FINDINGS</u> Resident #2 –No managed risk plan completed for the use of 24/7 private caregivers for all personal care services.</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>Administrator will in-service Staff on process of developing managed risk plan for residents who request outside agency caregivers. In-service will be held on 6/28/23</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>6/26/23</p> <p>23 JUN 26 P 3:42</p>

	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> Service plan review and update at least semi-annually not completed for the following residents:</p> <ul style="list-style-type: none"> • Resident #1 – last done 7/8/21 • Resident #2 – last done 3/15/22 • Resident #4 – last done 12/1/21 • Resident #5 – last done 5/17/22 	<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>Service plan completed based on assessment. Documents included</p>	<p>#1: 1/19/23</p> <p>#2: 2/6/23</p> <p>#4: 2/8/23</p> <p>#5: 1/31/23</p>

	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> Service plan review and update at least semi-annually not completed for the following residents:</p> <ul style="list-style-type: none"> • Resident #1 – last done 7/8/21 • Resident #2 – last done 3/15/22 • Resident #4 – last done 12/1/21 • Resident #5 – last done 5/17/22 	<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>We have implemented a new program which alerts Health Services Director when an assessment is due every 6 months. The AL residents have been assessed and will continue to be assessed every 6 months or as needed upon a change of condition. The new system will alert Health Services Director when an assessment is due. We also have a Resident Care Coordinator to ensure our assessments are up to date. Health Services Director has been involved on this new plan.</p>	<p>6/26/23</p> <p>23 JUN 26 P3:42</p> <p>STATE OF HAWAII DOH-OHCA STAT LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-3 <u>Licensing</u>. (i) The current license shall be posted in a conspicuous place visible to the public within the facility. A facility which has fulfilled the requirements of licensure shall be known as an assisted living facility and this designation shall be reflected on the facility's license.</p> <p><u>FINDINGS</u> Current license issued on 6/17/22 was not posted.</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>License is posted in the entry way table of Mauka and Makai Assisted Living entry ways.</p>	<p>2/1/23</p>

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<input checked="" type="checkbox"/>	<p>§11-90-3 <u>Licensing</u>. (i) The current license shall be posted in a conspicuous place visible to the public within the facility. A facility which has fulfilled the requirements of licensure shall be known as an assisted living facility and this designation shall be reflected on the facility's license.</p> <p><u>FINDINGS</u> Current license issued on 6/17/22 was not posted.</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>License has been posted in entry ways of mauka and makai Assisted Living entry ways. The license will continue to be posted and checked by our Health services Director on a weekly basis. Health services Director has been trained on this task.</p>	<p>6/26/23</p> <p>23 JUN 26 P3:42</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	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> Evidence of roaches found in the food preparation areas.</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>Ecolab came and treated Assisted Living Kitchen and service area where food preparation occurs. Ecolab will come out on a regular basis to spray these areas. Ecolab comes on a monthly and as needed basis for our kitchens.</p>	1/31/23

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<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> Evidence of roaches found in the food preparation areas.</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>Ecolab will come out monthly to spray kitchen or as needed. IF roaches are spotted, maintenance Director will be notified and will follow up with ecolab. Staff will be in-serviced on this new process at all staff meeting.</p>	<p>6/26/23</p> <p>23 JUN 26 13:42</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-5 <u>Emergency care and disaster planning.</u> (a)(4) There shall be written policies and procedures to follow in an emergency which shall include provisions for the following:</p> <p>Quarterly rehearsal of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><u>FINDINGS</u> No fire drill was conducted for quarter 1 and quarter 4 for the calendar year 2022.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-5 <u>Emergency care and disaster planning.</u> (a)(4) There shall be written policies and procedures to follow in an emergency which shall include provisions for the following:</p> <p>Quarterly rehearsal of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><u>FINDINGS</u> No fire drill was conducted for quarter 1 and quarter 4 for the calendar year 2022.</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>February 15, 2023 Fire drill completed. Administrator to ensure that fire drills are completed quarterly. See attached sign-in log</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (c) All staff shall be trained in cardiopulmonary resuscitation and first aid.</p> <p><u>FINDINGS</u> No annual tuberculosis (TB) clearance for employees #2, #5, and #6.</p> <p>Employee #7 – TB clearance was not signed by MD or APRN.</p> <p>#2: Susan Locquiao #5: Susan Dalo #6: Maribel Alonzo #7: Jennifer Topinio</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>TB clearance Documents acquired Included in POC.</p>	3/27/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (c) All staff shall be trained in cardiopulmonary resuscitation and first aid.</p> <p><u>FINDINGS</u> No annual tuberculosis (TB) clearance for employees #2, #5, and #6.</p> <p>Employee #7 – TB clearance was not signed by MD or APRN.</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>Business office team will complete a quarterly staff audit of TB clearances. In-service will be completed with the Business office team on this new process.</p>	<p>6/26/23</p> <p>23 JUN 26 P 3:41</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (c) All staff shall be trained in cardiopulmonary resuscitation and first aid.</p> <p><u>FINDINGS</u> Resident #2 receives 24/7 caregiver services from outside providers. However, caregivers do not have documentation of TB clearance, in accordance with 11-164.2-24, "Tuberculosis."</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>Copies of all TB results for all team members were obtained. All TB results have been filed in the employee file.</p>	3/22/23

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<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (c) All staff shall be trained in cardiopulmonary resuscitation and first aid.</p> <p><u>FINDINGS</u> Resident #2 receives 24/7 caregiver services from outside providers. However, caregivers do not have documentation of TB clearance, in accordance with 11-164.2-24, "Tuberculosis."</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>Health Services team will complete an audit for TB clearances for outside providers quarterly and upon start of services. Health Services team will be in-serviced on this new process at the next staff meeting.</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p>23 JUN 26 P 3:42</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (c) All staff shall be trained in cardiopulmonary resuscitation and first aid.</p> <p><u>FINDINGS</u> Employee #4 – No documentation of first aid certification.</p> <p>Employee #6 – First aid and CPR certifications expired in January 2023.</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>First aid / CPR documents received from employees. Documents included.</p>	03/27/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (c) All staff shall be trained in cardiopulmonary resuscitation and first aid.</p> <p><u>FINDINGS</u> Employee #4 – No documentation of first aid certification.</p> <p>Employee #6 – First aid and CPR certifications expired in January 2023.</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>Business office team will complete a quarterly audit for staff first aid CPR clearances certifications.</p> <p>Any near expiration certificates will be followed up on by business office team. Team will be in-serveed on this review process at next meeting.</p>	<p>06/26/23</p> <p>23 JUN 26 P3:41</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-7 <u>Inservice education.</u> (1) There shall be a staff inservice education program for the entire staff that includes:</p> <p>Orientation for all new employees to acquaint them with the philosophy, organization, practice, and goals of assisted living;</p> <p><u>FINDINGS</u> Employee #1 - No documentation that orientation training was completed.</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>Training completed please see attached</p>	3/27/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-7 <u>Inservice education.</u> (1) There shall be a staff inservice education program for the entire staff that includes:</p> <p>Orientation for all new employees to acquaint them with the philosophy, organization, practice, and goals of assisted living;</p> <p><u>FINDINGS</u> Employee #1 - No documentation that orientation training was completed.</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>All new hires were given access to new training platform. Resident care coordinator completes a weekly audit and upon hire for new hires to ensure new hire orientation is completed. Resident care coordinator has been trained on this process.</p>	<p>6/26/23</p> <p>23 JUN 26 P 3:42</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-7 <u>Inservice education</u>. (2) There shall be a staff inservice education program for the entire staff that includes:</p> <p>Ongoing inservice training on a regularly scheduled basis (minimum of six hours annually).</p> <p><u>FINDINGS</u> Employees #2, #5, #6, and #7 – No documentation of six (6) hours of in-service education training (2022) completed.</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>We have obtained the 6 hours of in-service training for the named employees.</i></p>	<p><i>6/26/23</i></p> <p>23 JUN 26 P 3:41</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-90-7 <u>Inservice education.</u> (2) There shall be a staff inservice education program for the entire staff that includes:</p> <p>Ongoing inservice training on a regularly scheduled basis (minimum of six hours annually).</p> <p><u>FINDINGS</u> Employees #2, #5, #6, and #7 – No documentation of six (6) hours of in-service education training (2022) completed.</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>Business office Director and Resident care coordinator have completed an audit and will correct to audit monthly staff training hours to ensure compliance. If staff still has outstanding hours, staff will be notified 3 months prior to anniversary date. Staff have been in-serviced on this process.</p> <p>STATE OF HAWAII DOH/DHCA STATE LICENSING</p>	<p>6/26/23</p> <p>23 JUN 26 P 3:42</p>

	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 #2 – Comprehensive assessment was not completed. Functional needs assessment dated 3/15/22 was incomplete – each functional needs were scored “0” and does not reflect the resident’s needs and capabilities.</p> <p>Reassess the resident and submit a copy of the comprehensive assessment with your plan of correction. (POC).</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>Reassessment completed for Resident Please see attached.</p>	<p>2/6/23</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 #2 – Comprehensive assessment was not completed. Functional needs assessment dated 3/15/22 was incomplete – each functional needs were scored “0” and does not reflect the resident’s needs and capabilities.</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>new assessment software in place which alerts to complete pre-assessment prior to move-in and an assessment 14 days upon move-in, and an assessment every 6 months or as needed. All residents have been assessed and will continue to be re-assessed with the guidelines. This will be audited by a clinical team monthly. In-service been completed.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>6/26/23</p> <p>23 JUN 26 P 3:41</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 #2 – Service plan dated 3/15/22 did not reflect the assessed needs of the resident and did not include all the services to be provided and who will provide the services.</p> <p>Submit a copy of the revised service plan with your plan of correction (POC).</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>All residents were reassessed based on updated needs. Residents will continue to be assessed every 6 months or with a change of condition as needed.</p>	2/6/23

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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 #2 – Service plan dated 3/15/22 did not reflect the assessed needs of the resident and did not include all the services to be provided and who will provide the services.</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>new assessment software is in place to complete pre assessment, within 14 days, and an assessment every 6 months as needed. All residents have been assessed. This will be audited by core team monthly. IH -service has been completed.</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p>6/26/23</p> <p>23 JUN 26 P3 141</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> Resident #2 – No documentation of initial service plan completed. Admitted on 2/3/12.</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 #2 – No documentation of initial service plan completed. Admitted on 2/3/12.</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>New assessment software is in place to complete pre-assessment within 14 days, and an assessment every 6 months as needed. All residents have been assessed. This will be audited by care team monthly. In-service has been completed.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>6/26/23</p> <p>23 JUN 26 P 3:42</p>

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<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 #2 – No documented evidence that the Registered Dietician was utilized to provide counseling for the resident and family for diabetes.</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>Resident on hospice services tolerating current diet. deceased visit due to current medical condition.</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p>6/26/23</p> <p>23 JUN 26 P 3:41</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 #2 – No documented evidence that the Registered Dietician was utilized to provide counseling for the resident and family for diabetes.</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>following physician orders, or upon assessment completed by nurse, RN will notify the resident care coordinator to schedule a dietitian consultation with resident and staff, if a nutrition concern is identified. RN & CCA have been in-service on this new task.</p>	<p>6/26/23</p> <p>23 JUN 26 P 3:42</p> <p>STATE OF HAWAII DOH CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Residents #1 and #2 – No documentation that medications were reviewed every 90 days by a registered nurse or physician.</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>MRR Documents were on file Included in POC</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Residents #1 and #2 – No documentation that medications were reviewed every 90 days by a registered nurse or physician.</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>Pharmacy audit is being completed on a quarterly basis by an RN. This has been put into place with a pharmacy vendor to review all medication regiments for all residents.</p>	03/27/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> Residents #1 and #4 – No documentation of annual TB clearance.</p> <p>Resident #5 – Admission TB clearance was not signed the physician.</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>Resident #1 and #5 complete, see attached.</p> <p>Resident #4 has TB test scheduled for 3/25/23</p> <p>Copies of all missing TB results were obtained and filed.</p>	<p>#1:2/15/23</p> <p>#5:5/17/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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> Residents #1 and #4 – No documentation of annual TB clearance. Resident #5 – Admission TB clearance was not signed the physician.</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>Health services team will audit upon admission and annually clearances monthly to ensure compliance. Health services team has been in-serviced on this new protocol.</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p>6/26/23</p> <p>23 JUN 26 P3:42</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(3) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Contracts or other documents which set forth details of services to be delivered, charges, and other conditions agreed to between the resident and the facility;</p> <p><u>FINDINGS</u> Resident #2 - No documentation of a completed service contract agreement describing services to be provided and rates charged.</p> <p>Submit a copy of the completed service contract agreement with your plan of correction (POC).</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>New Ivy Resident Agreement signed by POA Agreement included in POC</p>	3/27/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(3) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Contracts or other documents which set forth details of services to be delivered, charges, and other conditions agreed to between the resident and the facility;</p> <p><u>FINDINGS</u> Resident #2 - No documentation of a completed service contract agreement describing services to be provided and rates charged.</p> <p>Submit a copy of the completed service contract agreement with your plan of correction (POC).</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>Business department will utilize the admission Checklist that includes completion of service contract agreement. The staff will be instructed on this new protocol at next meeting.</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p>026/23</p> <p>23 JUN 26 P 3:41</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (b) The facility records and reports shall be available for review at any time by authorized personnel and the department.</p> <p><u>FINDINGS</u> Residents #1 and #2 – Medication administration record (February 2022-November 2022) 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>MAR not available prior to transition on 12/12/2023. Ivy will keep MAR records going forward.</p>	03/27/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (b) The facility records and reports shall be available for review at any time by authorized personnel and the department.</p> <p><u>FINDINGS</u> Residents #1 and #2 – Medication administration record (February 2022-November 2022) unavailable for review.</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>MAR will be available for all residents for 7 years. The MAR is now electronic and will be available to refer back to as long as necessary. The information will be provided to company acquiring the community if that were to happen again. The electronic MAR was put into place when the acquisition occurred on 12/12/2022.</p>	03/27/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-10 Admission and discharge. (a)(3) The facility shall develop admission policies and procedures which support the principles of dignity and choice. The admissions process shall include completion of or the providing of the following:</p> <p>A service plan for the resident developed by facility staff with the resident and significant others, specifying care and services to be provided, based on resident needs and choices;</p> <p><u>FINDINGS</u> Resident #2 – Service plan dated 3/15/22 did not specify all the services to be provided by the facility.</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>Resident # 2's service plan was updated to specify all services provided by facility.</p>	<p>6/26/23</p>

STATE OF HAWAII
DOH-ONCA
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-10 Admission and discharge. (a)(3) The facility shall develop admission policies and procedures which support the principles of dignity and choice. The admissions process shall include completion of or the providing of the following:</p> <p>A service plan for the resident developed by facility staff with the resident and significant others, specifying care and services to be provided, based on resident needs and choices;</p> <p><u>FINDINGS</u> Resident #2 – Service plan dated 3/15/22 did not specify all the services to be provided by the facility.</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>New system was implemented which allows when assessment is due prior to move-in, within 14 days, and every 6 months, and as needed. DON will review system daily to complete and audit monthly to ensure all service plans are updated. DON has been trained on this protocol.</p>	<p>6/26/23</p> <p>73 JUN 26 P 3:41</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-10 Admission and discharge. (a)(4) The facility shall develop admission policies and procedures which support the principles of dignity and choice. The admissions process shall include completion of or the providing of the following:</p> <p>A service contract which documents a completed agreement between the resident and the facility, describing services to be provided, rates charged, and conditions under which additional services or fees may be charged;</p> <p>FINDINGS Resident #2 - No documentation of a completed service contract agreement describing services to be provided and rates charged.</p> <p>Submit a copy of the completed service contract agreement with your plan of correction (POC).</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>Service contract agreement for resident #2 was created and signed by resident and a copy was provided to them.</p>	<p>6/26/23</p> <p>23 JUN 26 P 3:41</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-10 Admission and discharge. (a)(4) The facility shall develop admission policies and procedures which support the principles of dignity and choice. The admissions process shall include completion of or the providing of the following:</p> <p>A service contract which documents a completed agreement between the resident and the facility, describing services to be provided, rates charged, and conditions under which additional services or fees may be charged;</p> <p><u>FINDINGS</u> Resident #2 - No documentation of a completed service contract agreement describing services to be provided and rates charged.</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>Business office team will complete a quarterly audit of all service contracts for residents to ensure compliance. They will be in-serviced on this new process at the next meeting.</p>	<p>6/26/22</p>

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23 JUN 26 P3:41

Licensee's/Administrator's Signature: Safar Ahmed

Print Name: Safara Ahmed

Date: 6/26/2023

23 JUN 26 P 3:43
STATE OF HAWAII
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Licensee's/Administrator's Signature: Safar Ahmed
Print Name: Safar Ahmed
Date: 4/6/2023