

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Regency Hualalai	CHAPTER 90
Address: 75-181 Hualalai Road, Kailua-Kona, Hawaii 96740	Inspection Date: April 4, 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) 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>§11-90-6 <u>General policies, practices, and administration.</u> (d) The facility shall have written policies and procedures which incorporate the assisted living principles of individuality, independence, dignity, privacy, choice, and home-like environment.</p> <p><u>FINDINGS</u> Dietary policy and procedures state, "special diets are available and will be provided as ordered by the residents physician"; however, managed risk agreements were implemented in lieu of the provision of modified/special diets</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> <ul style="list-style-type: none"> • Managed risk agreements have been discontinued. Residents will be offered modified/ special diets per the physician orders. • The RD will provide education to the residents on modified/ special diets and document this in the progress notes as indicated. 	<p>05/30/23</p> <p>23 MAY 23 P 4:09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (d) The facility shall have written policies and procedures which incorporate the assisted living principles of individuality, independence, dignity, privacy, choice, and home-like environment.</p> <p>FINDINGS Dietary policy and procedures state, "special diets are available and will be provided as ordered by the residents physician"; however, managed risk agreements were implemented in lieu of the provision of modified/special diets</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>This deficiency has been corrected by the following:</p> <ul style="list-style-type: none"> • Resident's electronic records have been reviewed and managed risk agreements related to specialized diets have been discontinued. • The physician of those residents on managed risk agreements were notified and new diet orders were obtained as indicated. • Licensed Nurses were educated by the Director of Nursing regarding discontinuation of managed risk agreements. • The Director of Nursing audited each resident's diet order to ensure a physician order is in place for diet. • Residents are provided modified/ special diets per the physician orders and menu that was approved by RD. • The RD will provide education to the current residents on modified/ special diets and document this in the progress notes as indicated. • When there is a new diet order for specialized diet, the Wellness Director will notify the RD so that she may provide education to the resident via phone call or zoom. • If the RD is unavailable, printed education will be provided by the RD for any new modified/ special diets. This information will be reviewed with the resident by the Director of Nursing/ Licensed nurse. • Menus are prepared by the Executive Chef and reviewed and approved by the Dietitian as required on a semi-annual basis. • The RD will provide education to the Executive Chef and dietary staff annually on the different diet types to include guidelines for dietary staff on how to prepare the specialized/ modified diet menus, including having items available for specialized diets. • A dietary binder is now located in the kitchen that includes all residents and physician ordered diets. • A white board was placed in the kitchen identifying those residents on special/ modified diets for quick reference for dietary staff. • When there is a new admission or a new diet order, the dietary staff will be notified by the Licensed Nurse so that they may update the binder/ white board as indicated. • The Wellness Director will educate the licensed nurses on notifying the dietary department on diet changes. • An audit will be completed by Executive Director/ designee to check that those resident on special/ modified diets are offered specialized diets correctly weekly for 4 weeks, then monthly for 3 months. Any identified issues will be corrected and further education provided as indicated. <p>The Executive Director and Director of Nursing responsible for ongoing compliance.</p>	<p>05/30/2023</p> <p>23 MAY 23 PM 4:09</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 #3 – Initial comprehensive assessment unavailable for admission on 10/15/21</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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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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- No documented evidence service plan was created prior to admission (6/1/22)</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)(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 #3 – Initial service plan unavailable for admission on 10/15/21</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> (b)(1)(B) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Three meals daily, seven days a week, including modified diets and snacks which have been evaluated and approved by a dietitian on a semi-annual basis and are appropriate to residents' needs and choices;</p> <p><u>FINDINGS</u> Managed risk agreements were implemented in lieu of the provision of modified/special diets for all residents who were prescribed a modified/special diet by their physician.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>This deficiency has been corrected by the following:</p> <ul style="list-style-type: none"> • Resident's electronic records have been reviewed and managed risk agreements related to specialized diets have been discontinued. • The physician of those residents on managed risk agreements were notified and new diet orders were obtained as indicated. • Licensed Nurses were educated by the Director of Nursing regarding discontinuation of managed risk agreements. • The Director of Nursing audited each resident's diet order to ensure a physician order is in place for diet. • Residents are provided modified/ special diets per the physician orders and menu that was approved by RD. • Menus are prepared by the Executive Chef and reviewed and approved by the Dietitian as required on a semi-annual basis. • The RD will provide education to the Executive Chef and dietary staff on an annual basis on the different diet types to include guidelines for dietary staff on how to prepare the specialized/ modified diet menus, including having items available for specialized diets. • A dietary binder is now located in the kitchen that includes all residents and physician ordered diets. • A white board was place in the kitchen identifying those residents on special/ modified diets for quick reference for dietary staff. • When there is a new admission or a new diet order, the dietary staff will be notified by the Licensed Nurse so that they may update the binder/ white board as indicated. • The Wellness Director will educate the licensed nurses on notifying the dietary department on diet changes. • An audit will be completed by Executive Director/ designee to check that those resident on special/ modified diets are offered specialized diets correctly weekly for 4 weeks, then monthly for 3 months. Any identified issues will be corrected and further education provided as indicated. <p>The Executive Director to ensure ongoing compliance.</p>	<p align="center">05/30/2023</p> <p align="right">23 MAY 23 P4:09</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><u>FINDINGS</u> Progress notes did not include health monitoring for residents with managed risk agreements related to modified/special diets.</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> (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> Progress notes did not include health monitoring for residents with managed risk agreements related to modified/special diets.</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>11-90-8 Range of Services (b) (1) (F) Services</p> <p>Managed risk agreements have been discontinued. Licensed Nurse will conduct health monitoring for modified diets during bi-annual nursing assessments. Education and training of Licensed Nurses will be completed for this process.</p> <p>Completion Date: 5/24/2023</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 – Bottle of Aspirin not labeled with dosage and frequency of administration</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>11-90-8 Range of Services (b) (1) (F) Services Part 2</p> <p>Medication carts were reviewed for any medication without appropriate labels. Any medications found without labels were discarded and re-ordered from pharmacy. Education and training was provided for staff regarding appropriate medication labels. Resident Care Coordinator will audit medication carts each month for medication without labels. Any medication found will be discarded and re-ordered from pharmacy. Director of Nursing will be notified.</p> <p>Completion Date: 5/24/2023</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 #1 – Progress note dated 3/10/23 states, “ISP return from Hospital: observe and report to LN of any increasing pain or discomfort”; however, no documented evidence of resident’s change in condition leading up to hospitalization.</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>§11-90-8 <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 #1 – Progress note dated 3/10/23 states, “ISP return from Hospital: observe and report to LN of any increasing pain or discomfort”; however, no documented evidence of resident’s change in condition leading up to hospitalization.</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>11-90-8 Range of Services (b) (1) (F) Services Part 2</p> <p>Licensed Nurse will review 24hour report daily. Any evidence or notification of a change in condition will be documented by the Licensed Nurse in the resident’s electronic record. Licensed Nurse will be educated on that process. Director of Nursing will audit process for compliance.</p> <p>Completion Date: 5/24/2023</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 #1 – Progress note dated 3/16/23 states, “[Registered Nurse] asked MT to dip urine after resident told me she was urinating all the time and it hurt when she urinated. MT stated she has not urinated for us to dip it yet”; however, no test result available or documented evidence staff followed up on status of painful/frequent urination with resident</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>§11-90-8 <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>FINDINGS Resident #1 – Progress note dated 3/16/23 states, “[Registered Nurse] asked MT to dip urine after resident told me she was urinating all the time and it hurt when she urinated. MT stated she has not urinated for us to dip it yet”; however, no test result available or documented evidence staff followed up on status of painful/frequent urination with resident</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>11-90-8 Range of Services (b) (1) (f) Services Part 2</p> <p>Licensed Nurse will review 24hour report daily. Any evidence or notification of a resident needing a urine sample will be followed up and documented by the Licensed Nurse in the residents electronic record. Licensed Nurse will be educated on that process. Director of Nursing will audit process for compliance.</p> <p>Completion Date: 5/24/2023</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><u>FINDINGS</u> No evidence that the facility arranged for the provision of modified/special diets, as managed risk agreements were put into place in lieu of modified/special diets provision</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <ul style="list-style-type: none"> • Resident's electronic records have been reviewed and managed risk agreements related to specialized diets have been discontinued. • The physician of those residents on managed risk agreements were notified and new diet orders were obtained as indicated. • The Director of Nursing audited each resident's diet order to ensure a physician order is in place for diet. • Residents are being provided modified/ special diets per the physician orders. • The RD will provide education to the current residents on modified/ special diets and document this in the progress notes as indicated. • When there is a new diet order for specialized diet, the Wellness Director will notify the RD so that she made provided education to the resident via phone call or zoom • If the RD is unavailable, printed education will be provided by the RD for any new modified/ special diets. This information will be reviewed with the resident by the Director of Nursing/ Licensed nurse. • Menus are prepared by the Executive Chef and reviewed and approved by the Dietitian as required on a semi-annual basis. • The RD will provide education to the dietary staff on the different diet types to include guidelines for dietary staff on how to prepare the specialized/ modified diet menus, including having items available for specialized diets. • A dietary binder is now located in the kitchen that includes all residents and physician ordered diets. • A white board was placed in the kitchen identifying those residents on special/ modified diets for quick reference for dietary staff. • When there is a new admission or a new diet order, the dietary staff and the Wellness Director will be notified by the Licensed Nurse so that they may update the binder/ white board as indicated. • The Wellness Director will educate the licensed nurses on notifying the dietary department on diet changes. • An audit will be completed by Executive Director/ designee to check that those resident on special/ modified diets are offered specialized diets correctly weekly for 4 weeks, then monthly for 3 months. Any identified issues will be corrected and further education provided as indicated. <p>The Executive Director and Director of Nursing responsible for ongoing compliance.</p>	<p align="center">05/30/23</p> <p align="center">23 MAY 23 PM 08</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><u>FINDINGS</u> No evidence that the facility arranged for the provision of modified/special diets, as managed risk agreements were put into place in lieu of modified/special diets provision</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> <ul style="list-style-type: none"> • Resident's electronic records have been reviewed and managed risk agreements related to specialized diets have been discontinued. • The physician of those residents on managed risk agreements were notified and new diet orders were obtained as indicated. • Licensed Nurses were educated by the Director of Nursing regarding discontinuation of managed risk agreements. • The Director of Nursing audited each resident's diet order to ensure a physician order is in place for diet. • Residents are provided modified/ special diets per the physician orders and menu that was approved by RD. • The RD will provide education to the current residents on modified/ special diets and document this in the progress notes as indicated. • When there is a new diet order for specialized diet, the Wellness Director will notify the RD so that she may provide education to the resident via phone call or zoom. • If the RD is unavailable, printed education will be provided by the RD for any new modified/ special diets. This information will be reviewed with the resident by the Director of Nursing/ Licensed nurse. • Menus are prepared by the Executive Chef and reviewed and approved by the Dietitian as required on a semi-annual basis. • The RD will provide education to the Executive Chef and dietary staff annually on the different diet types to include guidelines for dietary staff on how to prepare the specialized/ modified diet menus, including having items available for specialized diets. • A dietary binder is now located in the kitchen that includes all residents and physician ordered diets. • A white board was placed in the kitchen identifying those residents on special/ modified diets for quick reference for dietary staff. • When there is a new admission or a new diet order, the dietary staff will be notified by the Licensed Nurse so that they may update the binder/ white board as indicated. • The Wellness Director will educate the licensed nurses on notifying the dietary department on diet changes. • An audit will be completed by Executive Director/ designee to check that those resident on special/ modified diets are offered specialized diets correctly weekly for 4 weeks, then monthly for 3 months. Any identified issues will be corrected and further education provided as indicated. • The Executive Director provided the written plan of correction to the RD for review on 5/18/23 and made aware of her responsibilities. <p>The Executive Director and Director of Nursing responsible for ongoing compliance.</p>	<p>05/30/2023</p> <p>23 MAY 23 PM 4:08</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><u>FINDINGS</u> Resident #2 – No documented evidence that the facility arranged for nutrition counseling with their Registered Dietitian for resident with an 1800 calorie, diabetic, low sodium 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>11-90-8 Range of Services (b) (2) (B) Services</p> <p>Regarding Resident #2</p> <p>Director of Nursing will contact Registered Dietician to request nutritional counseling for resident on 1800 calorie, diabetic, low sodium diet. Service plan will be updated to reflect nutritional education. Licensed Nurses will be educated on this process.</p> <p>Completion Date: 5/24/2023</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><u>FINDINGS</u> Resident #2 – No documented evidence that the facility arranged for nutrition counseling with their Registered Dietitian for resident with an 1800 calorie, diabetic, low sodium diet.</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>This deficiency has been corrected by the following:</p> <ul style="list-style-type: none"> • The RD will provide education to the current residents on modified/ special diets and document this in the progress notes as indicated. • When a new diet order is received for current resident or new admission, the order is inputted into the electronic record by Licensed Nurse or Resident Care Coordinator and communicated to the dietary department and the Director of Nursing. • When there is a new diet order for specialized diet, the Wellness Director will notify the RD so that she made provided education to the resident via phone call or zoom. • If the RD is unavailable, printed education will be provided by the RD for any new modified/ special diets. This information will be reviewed with the resident by the Director of Nursing/ Licensed nurse. • The Wellness Director/ Licensed Nurse will update the service plan when nutritional counseling has been provided. • During residents annual service plan review, the Wellness Director/ License nurse will ensure that nutritional counseling has been provided and documented. Any identified issues will be corrected. <p>The Director of Nursing to ensure ongoing compliance.</p>	<p>05/30/2023</p> <p>23 MAY 23 P4:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(A)(v) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Self-medication:</p> <p>Residents who self-medicate with prescription drugs or maintain over-the-counter drugs in their units shall have all their medications reviewed by either a registered pharmacist, registered nurse, or physician at least every 90 days.</p> <p><u>FINDINGS</u></p> <p>Resident #1 – No documented evidence medications are being reviewed by a registered nurse, pharmacist, or physician at least every 90 days since 4/2022.</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>§11-90-8 <u>Range of services.</u> (b)(3)(A)(v) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Self-medication:</p> <p>Residents who self-medicate with prescription drugs or maintain over-the-counter drugs in their units shall have all their medications reviewed by either a registered pharmacist, registered nurse, or physician at least every 90 days.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence medications are being reviewed by a registered nurse, pharmacist, or physician at least every 90 days since 4/2022.</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>11-90-8 Range of Services (b) (3) (A) (v) Services Part 2</p> <p>Registered Pharmacist conducts quarterly medication reviews. Director of Nursing will review requirements with Pharmacist and Licensed Nurses. Pharmacist will write a quarterly progress note in resident's electronic record regarding medication review. Licensed Nurses will be educated on that process. Director of Nursing will audit process to ensure compliance.</p> <p>Completion Date: 5/24/2023</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(i) 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>Prescription and non-prescription medications which the facility has responsibility for administering to a resident must be identified in the resident's record and must be prescribed in writing for the resident by a physician or prescribing advanced practice registered nurse;</p> <p><u>FINDINGS</u> Resident #2 – Medication order dated 3/16/22 states, "Milk of Magnesia Suspension 1200mg/15mL, Give 30mL by mouth as needed for constipation"; however, medication order does not include the frequency of administration and thus, is incomplete.</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> <ul style="list-style-type: none"> • The Resident Care Coordinator completed an audit of all resident electronic medical record to ensure Milk of Magnesia orders include frequency and are complete. Any identified issues were corrected. • Accuracy check initiated when new orders received to include order is complete and input into electronic record is correct. Accuracy check is started by Director of Nursing/ Licensed Nurse/RCC within 24 hours of receipt of order. • Resident Care Coordinators and Licensed Nurse were educated by the Wellness Director on the accuracy check. • The Director of Nursing will complete random audits of new orders weekly for 4 weeks then monthly for 3 months to ensure accuracy check followed when new orders received to include completion of order. • Any identified issues will be corrected and further education provided as indicated. <p>The Director of Nursing to ensure ongoing compliance.</p>	<p>05/30/2023</p> <p>23 MAY 23 P4:08</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>FINDINGS Resident #2 – No documented evidence medications were reviewed by a registered nurse or physician at least once every 90 days since 4/2022.</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>§11-90-8 <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> Resident #2 – No documented evidence medications were reviewed by a registered nurse or physician at least once every 90 days since 4/2022.</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>11-90-8 Range of Services (b) (3) (A) (v) Services Part 2</p> <p>Registered Pharmacist conducts quarterly medication reviews. Director of Nursing will review requirements with Pharmacist and Licensed Nurses. Pharmacist will write a quarterly progress note in resident's electronic record regarding medication review. Licensed Nurses will be educated on that process. Director of Nursing will audit process to ensure compliance.</p> <p>Completion Date: 5/24/2023</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> Resident #1 – Initial 2-step and annual tuberculosis clearance unavailable for review. Submit a copy with plan of correction.</p> <p>Resident #2 – Annual tuberculosis clearance unavailable for review. Submit a copy with plan of correction.</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>11-90-9 Records and reports system (a) (1)</p> <p>Part 1</p> <p>Regarding Resident #1</p> <p>Initial TB test completed at West Hawaii Community Health Center on 4/18/22 and 4/25/22 Annual TB test completed at Regency on 4/23/2023 Please see attached documents.</p> <p>Regarding Resident #2</p> <p>Initial 2 step TB test: 1st step at Hilo Medical Center 10/18/21 2nd step completed at Hale Anuenue Care Center on 10/25/21 Annual TB test completed at Hale Anuenue on 2/22/22 Annual TB test completed at Regency on 2/14/2023 Please see attached documents.</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> Resident #1 – Initial 2-step and annual tuberculosis clearance unavailable for review. Submit a copy with plan of correction.</p> <p>Resident #2 – Annual tuberculosis clearance unavailable for review. Submit a copy with plan of correction.</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>11-90-9 Records and reports system (a) (1)</p> <p>Part 2</p> <p>Resident Care Coordinator completed audit of all resident charts to ensure initial 2 step and annual TB tests were completed and documented under the immunization tab in the resident electronic record. Any identified problems were corrected. Resident Care Coordinator and Licensed Nurses were educated on that process. Resident Care Coordinator will conduct monthly audits to ensure compliance. Any identified problems will be reported to the Director of Nurses and corrected.</p> <p>Completion Date: 5/24/2023</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> Resident #1,3,5,6,7 – Annual physical exam unavailable for review. Submit a copy with plan of correction.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1, #3 & #5</p> <ul style="list-style-type: none"> The annual physical exam was located in the residents' chart after the inspection and is currently available in the residents' electronic medical record. <p>Resident #6, and #7</p> <ul style="list-style-type: none"> Resident primary care provided notified and request made for current H & P. <p>The Director of Nursing to ensure compliance</p>	<p align="center">05/30/2023</p> <p align="right">23 MAY 23 P4:08 STATE OF IDAHO DOH STATE LICENSING</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> Resident #1,3,5,6,7 – Annual physical exam unavailable for review. Submit a copy with plan of correction.</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> <ul style="list-style-type: none"> • An audit of all resident electronic medical record for annual H & P was completed by the Resident Care Coordinator. • For any identified omissions, a letter was sent to the physician requesting recent H & P for resident. • The Resident Care Coordinator will audit physician response and scan H & P into the electronic record when received. • During annual service plan reviews, the license nurse will review electronic medical record to ensure annual physical has been completed by physician and is scanned in residents' electronic medical record. Any identified omissions, a letter will be sent to the physician requesting recent H & P and/or resident will be notified that an annual physical is due. The information will be recorded in the resident's record. • The RCC will audit resident's records monthly for those that are due for annual service plan review to ensure annual physical exam documentation has been scanned in resident's record. Any identified omissions, The Wellness Director will be notified and a letter will be sent to the physician requesting recent H & P and/or resident will be notified that an annual physical is due. The information will be recorded in the resident's record. • The Resident Care Coordinator and licensed nurses were educated on the process by the Director of Nursing. <p>The Director of Nursing will ensure ongoing compliance.</p>	<p>05/30/2023</p> <p style="text-align: right;">23 MAY 23 P 4:08</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-10 <u>Admission and discharge.</u> (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 #4 – Service contract agreement completed and signed on 6/24/22, after admission on 6/23/22.</p> <p>Resident #5 – Service contract agreement completed and signed on 2/3/22, after admission on 1/18/22.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-10 <u>Admission and discharge.</u> (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 #4 – Service contract agreement completed and signed on 6/24/22, after admission on 6/23/22.</p> <p>Resident #5 – Service contract agreement completed and signed on 2/3/22, after admission on 1/18/22.</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>11-90-10 Admission and discharge (a) (4) Part 2</p> <p>Education for Marketing and Licensed Nurses regarding signing service contracts was completed.</p> <p>New admission paperwork will be reviewed by Marketing to ensure all documents are signed prior to admission.</p> <p>Final check of admission paperwork will be reviewed by Resident Care Coordinator.</p> <p>Any identified problems will be corrected prior to admission.</p> <p>Completion Date: 5/24/2023</p>	

Licensee's/Administrator's Signature:



Print Name: John Krise

Date: 06/13/2023

Licensee's/Administrator's Signature: 

Print Name: John Krise

Date: 05/22/2023

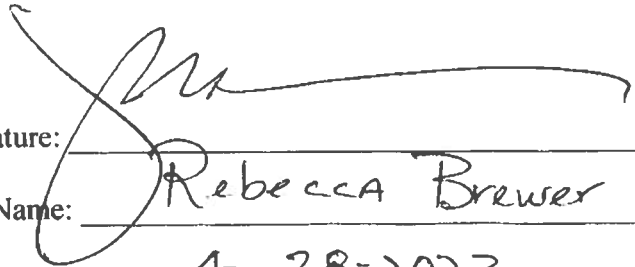
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Licensee's/Administrator's Signature:

Print Name:

Date:


Rebecca Brewer

4-28-2023