

*Recd 4/21/23  
Email*

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Regency at Puakea, L.L.C.	CHAPTER 90
Address: 2130 Kaneka Street, Lihue, Hawaii 96766	Inspection Date: April 11, 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.**

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**APR 21 2023**

	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><b><u>FINDINGS</u></b> Resident #1 – Service plan does not include the provision of Glucerna shake nutritional supplement ordered on 2/9/23</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>See attached</p>	<p>See attached</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><b><u>FINDINGS</u></b> Resident #1 – Service plan does not include the provision of Glucerna shake nutritional supplement ordered on 2/9/23</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>See attached</p>	<p>See attached</p>

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STATEMENT OF DEFICIENCIES/LICENSING/PLAN OF CORRECTION NOTICE

**11-90-8 Range of Services. (a)(2)**

**Service Plan** (Pages 2 & 3)

POC Part 1 • DID YOU CORRECT THE DEFICIENCY?

Resident # 1 – Service plan was updated on 04/18/2023 to reflect the current nutritional supplement order.

**11-90-8 Range of Services. (a)(2)**

**Service Plan**

POC Part 2 PLAN: What will you do to ensure this does not happen again?

- The Wellness Director or Licensed Nurse will review other residents on nutritional supplements to ensure the order is correctly reflected in the service plan.
- As review of medications are conducted quarterly on each resident, we will also review nutritional supplements to ensure the order is correctly reflected in the service plan.
- Education for licensed nurses on proper procedure for order updates and review when nutritional supplement orders received from the ordering health care provider to update service plan conducted by 04/30/2023.

  
Executive Director  
04/21/2023

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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)(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><b><u>FINDINGS</u></b> Resident #1 – Service plan does not 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 related to the resident's diabetes diagnosis and prescribed treatments.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>See attached</p>	<p>See attached</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><b><u>FINDINGS</u></b> Resident #1 – Service plan does not 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 related to the resident's diabetes diagnosis and prescribed treatments.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>See attached</p>	<p>See attached</p>

**11-90-8 Range of Services. (a)(2)**

**Service Plan (Pages 4 & 5)**

**POC Part 1 • DID YOU CORRECT THE DEFICIENCY?**


Resident # 1 – Service plan was updated on 04/18/2023 to include diabetic monitoring, insulin injections and blood glucose checks.

**11-90-8 Range of Services. (a)(2)**

**Service Plan**

**POC Part 2 PLAN: What will you do to ensure this does not happen again?**

- The Wellness Director or Licensed Nurse will review, and update as indicated other diabetic residents to ensure service plan reflects diabetic services.
- Education for Licensed Nurses on ensuring diabetic residents have services that are being provided included on the service plan.
- During admission, biannual review, and change of condition, residents will be reviewed to ensure diabetic services are reflected appropriately.

  
Executive Director  
04/21/2023

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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)(E) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Services to assist the resident in performing all activities of daily living, including bathing, eating, dressing, personal hygiene, grooming, toileting, and ambulation;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No documented evidence that a twelve (12) pound weight loss from 2/2023 (159.0lbs) to 3/2023 (147.0lbs) was monitored or addressed by the facility</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
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**11-90-8 Range of Services. (b)(1)(E)**

**Service Plan (Pages 6 & 7)**

POC Part 1 • Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future is required.

POC Part 2 PLAN: What will you do to ensure this does not happen again?

- Assisted Living resident's weight will be obtained at least monthly during the first seven days of each month.
- When a significant weight change in the amount of (5 lbs) is noted by Med Tech or Caregiver:
  - Med Tech or Caregiver will re-weigh resident and report the significant weight change to a Licensed Nurse.
  - Licensed Nurse (LN) will assess and document potential causes of weight change.
    - Place on weekly weight monitoring until weight is stable.
    - Report to PCP and family/responsible party.
    - Notify the registered Dietitian to assess resident(s) and provide education on day-to-day food choices for weight monitoring.
- The Licensed Nurse will review residents' weight monthly (task included on Day Nurse Task Sheet) to identify significant change and follow-up as indicated.
- A review of this process was conducted by the Executive Director with Licensed Clinical Team and assistive personnel (Med Tech, Caregiver, Dining Aide) on 04/17-4/30/2023.

  
Executive Director  
05/01 / 2023

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No documented evidence of health monitoring between 6/1/22-8/23/22 and 1/4/23-2/28/23.  Resident #2 – No documented evidence of health monitoring between 3/12/23-present (4/11/23).</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No documented evidence of health monitoring between 6/1/22-8/23/22 and 1/4/23-2/28/23.</p> <p>Resident #2 – No documented evidence of health monitoring between 3/12/23-present (4/11/23).</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>See attached</i></p>	


**11-90-8 Range of Services. (b)(1)(F)**

**Service Plan (Pages 8 & 9)**

POC Part 1 • Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future is required.

POC Part 2 PLAN: What will you do to ensure this does not happen again?

- Licensed or Unlicensed personnel will document the Assisted Living resident's condition at least monthly.
- A Licensed Nurse will conduct a monthly audit (added to Day Nurse Task Sheet) to ensure health monitoring is documented in the resident's medical record.
- A review of this process was conducted by the Executive Director with Licensed Clinical Team and assistive personnel (Med Tech, Caregiver) on 04/17-4/30/2023.

  
Executive Director  
05/01/2023

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><b><u>FINDINGS</u></b>  Resident #2 – Progress note dated 2/22/23 states resident presented with edema to the left lower extremity; however, no documented evidence edema was monitored or followed up on by the facility.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>See attached</p>	<p>See attached</p>

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**11-90-8 Range of Services. (b)(1)(F)**


**Service Plan (Pages 10 & 11)**

**POC Part 1 • DID YOU CORRECT THE DEFICIENCY?**

Follow-up note on resident #2 completed 4/20/2023.

**POC Part 2 PLAN: What will you do to ensure this does not happen again?**

- Interim Service Plan (ISP) will be initiated for monitoring condition or treatment.
- If the condition is unresolved on day 3, documentation of condition and treatment monitoring will continue until resolved.
- Once ISP resolved, the Wellness Director of Licensed Nurse will document evidence and monitoring in progress note.
- Notify Primary Care Physician (PCP) and family/responsible party.
- Education for licensed nurses on proper procedure for after visit summary reports and complete any follow-up as indicated from the ordering health care provider conducted by 04/30/2023.

  
Executive Director  
04/21/2023

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**11-90-8 Range of Services. (b)(1)(F)**


**Service Plan (Pages 12 &13)**

**POC Part 1 • DID YOU CORRECT THE DEFICIENCY?**

Follow-up note on resident #2 completed 4/20/2023.

**POC Part 2 PLAN: What will you do to ensure this does not happen again?**

- Interim Service Plan (ISP) will be initiated for monitoring condition or treatment.
- If the condition is unresolved on day 3, documentation of condition and treatment monitoring will continue until resolved.
- Notify Primary Care Physician (PCP) and family/responsible party.
- Implement weekly skin/wound monitoring until resolved.
- Education for all licensed nurses on proper procedure for after visit summary reports and complete any follow-up as indicated from the ordering health care provider conducted by 04/30/2023.

  
Executive Director  
04/21/2023

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APR 21 2023

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**11-90-8 Range of Services..(b)(1)(F)**

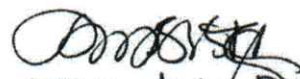
**Service Plan (Pages 14 & 15)**

**POC Part 1 • DID YOU CORRECT THE DEFICIENCY?**

Resident #1 box of pseudoephedrine labeled as ordered by health care provider.

**POC Part 2 PLAN: What will you do to ensure this does not happen again?**

- The Wellness Director or Licensed Nurse may delegate task to Med Tech to place label on new medication inventory.
- Medication cart(s) will be reviewed monthly to ensure all medications are labeled.
- Education for licensed nurses and med techs on proper procedure to ensure medications are labeled as required from the ordering health care provider conducted by 04/30/2023.

  
Executive Director  
04/21/2023

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(4) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Incident reports of any bodily injury or other unusual circumstances affecting a resident which occurs within the facility, on the premises, or elsewhere, shall be retained by the facility under separate cover, and be available to authorized personnel and the department. The resident's physician or primary care provider shall be called immediately if medical care is necessary or indicated.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Incident reports unavailable for falls that occurred on 11/10/22, 11/11/22, and 11/20/22.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(4)            The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Incident reports of any bodily injury or other unusual circumstances affecting a resident which occurs within the facility, on the premises, or elsewhere, shall be retained by the facility under separate cover, and be available to authorized personnel and the department. The resident's physician or primary care provider shall be called immediately if medical care is necessary or indicated.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Incident reports unavailable for falls that occurred on 11/10/22, 11/11/22, and 11/20/22.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>See attached</p>	<p>See attached</p>


**11-90-9 Record and reports system. (a)(4)**

**Service Plan (Pages 16 & 17)**

**POC Part 1 • Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future is required.**

**POC Part 2 PLAN: What will you do to ensure this does not happen again?**

- The Wellness Director or Licensed Nurse will review 24–72-hour reports with progress notes.
- The Wellness Director or Licensed Nurse will follow-up as indicated.
- Ensure all falls are documented with an Incident Reports (IR) and completed.
- Identified issues will have follow-up completed.
- Education for licensed nurses and med techs on proper procedure for Incident Reports conducted by 04/30/2023.

  
Executive Director  
04/21/2023

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Licensee's/Administrator's Signature: \_\_\_\_\_

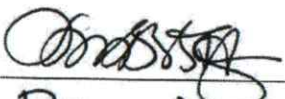
*[Handwritten Signature]*

Print Name: \_\_\_\_\_

*Pam Arroyo*

Date: \_\_\_\_\_

*05/01/2023*

Licensee's/Administrator's Signature: 

Print Name: Pam Arroyo

Date: 04/21/2023