

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Roselani Place Assisted Living Facility	CHAPTER 90
Address: 88 Papa Avenue, Kahului, Hawaii 96732	Inspection Date: July 26, 2023

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.

STATE OF HAWAII
DHS-CHCA
STATE LICENSING

23 AUG 14 P 1:10

	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 #1 – Clonazepam bottle label does not match medication administration record (MAR). MAR states, "1 ½ tabs PO in AM and 1 tab PO in PM as directed x 30 days"; however, bottle states, "take 2 & ½ (two one half) tablets by mouth once daily as directed for 30 days".</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>An orange pre-printed sticker stating "Directions changed refer to chart" was placed on Resident #1 Clonazepam bottle to alert the change.</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p>07/27/2023</p> <p>23 AUG 14 P 1:10</p>

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STATE OF HAWAII
HHS-ORCA
STATE LICENSING

	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 – Over the counter (OTC) medication bottles (e.g., multivitamin, ginkgo biloba, lutein, super B complex) do not contain proper labeling with resident's name, medication dosage, and frequency of administration.</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>The remaining over the counter (OTC) medication bottles for Resident #1's OTC were labeled indicating Resident #1's name, medication dosage and frequency of administration.</p> <p>STATE OF HAWAII BOH-OLCA STATE LICENSING</p>	<p>01/27/2023</p> <p>23 AUG 14 P 1:10</p>

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23 AUG 14 P 1:10

Licensee's/Administrator's Signature: Faitu GIANAN

Print Name: FAITU GIANAN

Date: 8/11/2023

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

23 AUG 14 P1:10