

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Plaza at Moanalua	CHAPTER 90
Address: 1280 Moanalualani Place, Honolulu, Hawaii 96818	Inspection Date: July 7, 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.

23 JUL 26 PM 2:39
STATE OF HAWAII
DOH-OHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-3 Licensing (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> Medication refrigerator (3rd floor) – No documented evidence of daily temperature readings obtained for the month of 10/2022, 11/2022, and the following dates: 7/2/22, 7/6/22, 7/13/22, 7/20/22</p> <p>Medication refrigerator (4th floor) – No documented evidence of daily temperature readings obtained for the month of 10/2022 and 11/2022</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>	<p>23 JUL 26 PM 2:39</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(1) Service plan.</p> <p>The assisted living facility staff shall conduct a comprehensive assessment of each resident's needs, plan and implement responsive services, maintain and update resident records as needed, and periodically evaluate results of the plan. The plan shall reflect the assessed needs of the resident and resident choices, including resident's level of involvement; support principles of dignity, privacy, choice, individuality, independence, and home-like environment; and shall include significant others who participate in the delivery of services;</p> <p><u>FINDINGS</u> Resident #1 – Hemodialysis treatments (three times per week) were not reflected in the services plan as part of resident's medical needs.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident #1's service plan was updated in PointClickCare to include Hemodialysis treatments three times a week.</p>	<p style="text-align: center;">7/7/23</p> <p style="text-align: right;">23 JUL 26 PM 2:38 STATE OF HAWAII DOH-DLCA STATE LICENSING</p>

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STATE OF HAWAII
DOH-ORCA
STATE LICENSING

Completion

Date

P12:38

7/21/23

RULES (CRITERIA)	PLAN OF CORRECTION
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Additionally, this will be audited at every service plan meeting conducted by the Director of Nursing or designee.

	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 – No documented evidence of monthly weight obtained for 3/2023 and 5/2023</p> <p>Resident #2 - No documented evidence of monthly weight obtained for 12/2022</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>	<p>23 JUL 26 P12:38</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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The Director of Nursing or designee will audit point of care monthly for any missed or inconsistent documentation.

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Licensee's/Administrator's Signature: Dawn Meaney

Print Name: Dawn Meaney

Date: July 24, 2023

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