

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 9 & 10, 2024 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.

	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 – Skin management assessment dated 3/7/24 indicated as follows:</p> <ul style="list-style-type: none"> • Resident is NOT receiving medication that places him/her at risk for bleeding/bruising easily; however, resident currently on Aspirin EC 81 mg QD. • Resident does NOT have any present, chronic issue or history of swelling/edema; however, resident currently on Furosemide 20 mg 1 tab every other day for swelling. • At risk of skin impairment section was marked "NO"; however, resident has ongoing edema issues. <p><i>Submit a copy of the revised assessment and submit a copy with your plan of correction (POC).</i></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 care evaluation and the service plan were updated on 04/22/2024. The Assessment was updated to reflect the use of aspirin and monitoring for swelling/edema. Revised service plan sent.</p>	<p>04/22/2024</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> (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 – Current service plan does not reflect the facility administration of PRN medications and services received from a private caregiver. <i>Submit a copy of the revised service plan with your POC.</i></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 – Service plan was updated on 4/22/2024 to reflect the community's administration policy and procedure of PRN medications including services received from private caregivers. A revised service plan is attached.</p> <p>The service plan was updated on 04/22/2024 to reflect</p>	<p>04/22/2024</p>

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☒	<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 – Current service plan does not reflect the facility administration of PRN medications and services received from a private caregiver. <i>Submit a copy of the revised service plan with your POC.</i></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"> ● Have a written order from resident's health care provider that resident can self-administer medication(s) safely and appropriately. ● The Wellness Director or Licensed Nurse will assess the resident and update the service plan with a description of services that will be provided, who will provide the services, when the services will be provided, how often, and the expected outcome to reflect current condition and order changes. ● Self-administration medication assessment will be completed by Wellness Director or Licensed Nurse. ● During admission, biannual review, and change of condition, residents' assessments will be reviewed to ensure service plans are reflected appropriately. ● Education for licensed nurses on proper procedure for changes in service plan was conducted by 04/23/2024. 	04/22/2024

	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 – No documentation of health monitoring related to ongoing edema and use of Lasix routinely and risk for bruising due to use of Aspirin daily.</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 – Progress note completed on 4/22/2024 for health monitoring of edema w/ use of Lasix routinely and risk for bruising due to use of aspirin.</p>	04/22/2024

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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 ... – No documentation of health monitoring related to provision of antibiotic treatment from 11/10/23 to 11/20/23, as noted on eMAR.</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"> ● Will follow Regency's policy and procedure for change in condition for monitoring condition or treatment with Interim Service Plan (ISP). ● Education for licensed nurses and unlicensed assistive personnel on proper procedure for change in condition with ISP policy and procedure conducted by 04/23/2024. 	<p>04/22/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(A)(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>Self-medication:</p> <p>Residents must have physician or prescribing advanced practice registered nurse's written order of approval for self-medication of prescription medications;</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered (4/2023) that the resident self-administer Albuterol metered inhaler PRN, but the facility did not make an assessment to ensure the resident was able to properly use the metered dose inhaler until 3/30/24.</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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☒	<p>§11-90-8 <u>Range of services.</u> (b)(3)(A)(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>Self-medication:</p> <p>Residents must have physician or prescribing advanced practice registered nurse's written order of approval for self-medication; of prescription medications;</p> <p><u>FINDINGS</u> Resident #1- No documentation of physician's assessment and corresponding order for unsupervised self-administration after a self-medication assessment completed by facility on 12/7/23 indicating resident is able to self-administer medication. <i>Submit documentation with your POC.</i></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 - Written order of approval obtained from health care provider that resident can self-administer medication on 4/22/2024. Documentation attached.</p>	04/22/2024

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(A)(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>Self-medication:</p> <p>Residents must have physician or prescribing advanced practice registered nurse's written order of approval for self-medication of prescription medications;</p> <p><u>FINDINGS</u> Resident #1- No documentation of physician's assessment and corresponding order for unsupervised self-administration after a self-medication assessment completed by facility on 12/7/23 indicating resident is able to self-administer medication.</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"> ● A written order of approval for self-administration of prescription medications from health care provider that resident can self-administer medications safely and appropriately. ● Self-administration medication assessment will be completed by Wellness Director or Licensed Nurse. ● Education for licensed nurses on proper procedure for changes in service plan was conducted by 04/23/2024. 	<p>04/22/2024</p>

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☒	<p>§11-90-9 Record and reports system. (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 as indicated.</p> <p>FINDINGS No incident report was generated when Resident #2 vomited blood and was taken to the ER on 7/29/23; and Resident #1's report of leaving the facility grounds as noted in progress notes dated 4/24/23.</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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☒	<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><u>FINDINGS</u> No incident report was generated when Resident #2 vomited blood and was taken to the ER on 7/29/23; and Resident #1's report of leaving the facility grounds as noted in progress notes dated 4/24/23.</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"> ●The Wellness Director or Licensed Nurse will review 24–72-hour reports with progress notes. ●The Wellness Director or Licensed Nurse will follow up with a progress note as indicated. ●Ensure incidents are documented with an Incident Reports (IR) of any bodily injury or other unusual circumstances affecting a resident. ●Education for licensed nurses and unlicensed assistive personnel on proper procedure for incident reports conducted by 04/23/2024. 	04/22/2024

Licensee's/Administrator's Signature: Pam P.K. Arroyo

Print Name: Pam P.K. Arroyo

Date: 04/22/2024