

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 23, 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) 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> Narcotic binder at the nurse's station shows narcotic medications were not accounted for on two occasions between May and June 2024 - missing signatures by two licensed staff.</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>§11-90-6 <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> Narcotic binder at the nurse's station shows narcotic medications were not accounted for on two occasions between May and June 2024 - missing signatures by two licensed staff.</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> <p>In order to prevent the deficiency from occurring again, the following steps will be taken: the Narcotic Count Log was updated by the Director of Health Services. The medication technician staff and licensed nurse received re-training on the Narcotic Count Log. We re-trained staff on the procedures to count narcotic medications at the start and end of each shift, sign to acknowledge the narcotic medications are accounted for and hand off Med Cart keys to the next Medication Technician at shift change. If the signature is not documented, the Medication Technician is to not accept the Med Cart Keys until a signature is obtained. The Narcotic Count Log will be checked by a licensed nurse or the Director of Health Services at the end of each month.</p>	<p>7/26/2024 and ongoing</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 #2 - No documented evidence that a nutrition assessment was completed to address pressure ulcer stage 2 (1/19/24) and pressure ulcer stage 3 (4/10/24).</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>With Resident #2 pressure ulcer healed, the Dietician was contacted to discuss and complete a nutrition assessment for Resident #2 for the future. Staff were re-trained to check Resident #2 for pressure ulcers and when they observe a new pressure ulcer site developing, to inform the Enhanced Care Coordinator, Licensed Nurse and or the Director of Health Services. The Director of Health Services will implement the guidelines according to the Dietician's nutrition assessment for Resident #2 and consult with the Dietician monthly to discuss the nutritional needs for Resident #2.</p>	7/31/2024

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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 #1 – Physician order dated 3/14/24 states, “Seroquel 25 mg at HS (increase to 50 mg after 2 days if needed).” However, medication administration record (MAR) states, “Quetiapine (Seroquel) 25 mg 1-2 tabs po Q HS.” MAR indicates that the staff administers 1 tablet of Seroquel 25 mg. <i>Please clarify the order with the physician and submit documentation with your plan of correction (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>Obtained a clarified medication order for Resident #1 and is Quetiapine 25mg 1 tab PO QHS. The MAR has been corrected to Quetiapine 25mg 1 tab PO QHS. Pharmacy has been notified of incorrect transcription of medication order, and orders have been correctly written on the MAR. A Change of Direction Sticker has been placed on the medication package. See copy of Physician’s Medication Order provided and is Resident #1 File Attachment #1.</p>	7/26/2024

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Licensee's/Administrator's Signature: Faith Gianan

Print Name: Faith Gianan

Date: 08/06/2024