Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Plaza at Kaneohe	**CHAPTER 90**
Address: **46-068 Alaloa Street, Kaneohe, Hawaii 96744**	**Inspection Date: April 23 & 24, 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
☒	§11-90-6 General policies, practices, and administration. (a)(3) The administrator or director of the assisted living facility shall: Be accountable for providing training for all facility staff in provision of services and principles of assisted living. **FINDINGS** Records of four (4) resident care aides (RCA) assigned to the Lamaku unit (Extended Care) show they did not complete CNA certification nor complete a nurse aide training course. Facility policy for the Lamaku unit states that RCAs will be required to be CNAs.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Facility policy was modified due to pandemic and staffing shortages on _06/18/2020_____. Extended Care and Resident Care Aid On Boarding Training have been amended to include the following: Please see attachment #1 and #2.	

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☒	§11-90-8 Range of services. (a)(1) Service plan. 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; **FINDINGS** Resident #1—Progress notes (by Medication Aide) show multiple shower refusals by the resident. According to staff, they would perform bed baths when the resident refused to shower; however, there's no documentation that the RN reassessed the resident's care needs and updated the service plan accordingly. *Reassess the resident and submit a revised service plan with your plan of correction (POC).*	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 3/5/24, 4/29/24 - Care was reassessed by ADON. There was no change to the resident's service plan in regard to showering schedule. ADON advised nursing staff if resident refuses, to try again at a different time, try with a different aid or try another day. If not successful, nursing staff to notify ADON to assess resident. update service plan (if needed) and write progress note.	

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☒	§11-90-8 Range of services. (a)(2) Service plan. 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; **FINDINGS** Resident #1 – Current (April 2024) electronic medication administration record (eMAR) states, "Lactulose Oral Solution 10 MG/15ML (Lactulose) Give 30 ml by mouth as needed for no BM x 2 days;" however, no Lactulose supply available for PRN administration.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 4/25/24 - Nurse Supervisor requested refill via telephone from physician for Lactulose Oral Solution.	

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☒	§11-90-8 Range of services. (b)(1)(F) Services. The assisted living facility shall provide the following: 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; **FINDINGS** Resident #5 – Unlabeled Neosporin tube and medicated shampoo (labeled) were found unsecured on the resident's bathroom (shared) countertop. Resident receives medication management services from the facility.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 4/23/24 - Tube of unlabeled Neosporin and medicated shampoo removed from resident's bathroom. 4/23/24 - Clarified with resident's family usage of unlabeled Neosporin. Advised physician via fax family's request to utilize Neosporin and requested an order for Neosporin.	

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☒	§11-90-9 Record and reports system. (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following: Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases; **FINDINGS** Resident #3 moved into the facility on 3/10/23. The required initial 2-step tuberculosis (TB) clearance was obtained a year after admission. Records show resident completed 1-step skin test on 3/7/23, followed by a CXR on 3/9/23; however, there is no documentation that the resident's admission was urgent or unexpected.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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Licensee's/Administrator's Signature: _____

Print Name: Dorothy Abreu

Date: 5.20.24.