

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: The Plaza at Moanalua | CHAPTER 90 |
| Address: 1280 Moanalualani Place, Honolulu, Hawaii 96818 | Inspection Date: July 18 & 19, 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> Facility policy for Narcotics/Controlled Medications Control Accountability reads, "At each shift change, a physical inventory of all controlled medications is conducted by two licensed or two other legally authorized staff members and is documented on an audit/narcotic sheet." However, the narcotic binder shows narcotic medications were not accounted for on 7/15/24 – 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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| ☒ | <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 – Current service plan (4/1/24) shows conflicting information as follows:</p> <ul style="list-style-type: none"> • Interventions for “specialized care/treatments”: Night checks every <u>2 hours</u> between 2200-0600 AND every <u>4 hours</u> between 2200-0600. • Goals for “medications”: Receives all medications in a timely manner (<u>staff administration</u>) AND to be able to continue to <u>self medicate</u>...resident will safely administer medication under supervision of physician. <p><i>Revise service plan and 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>On 7/19/24, the acting Director of Nursing updated Resident #1's service plan to reflect the accurate intervention of night checks to be done every 2 hours between 2200-0600.</p> <p>Additionally, the service plan was updated to reflect that resident's medications will be administered by staff administration.</p> | 7/19/24 |

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| <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 medication order states (start date 3/29/23), "Lantus SoloStar Subcutaneous Solution Pen-Injector 100 UNIT/ML (Insulin Glargine) Inject 10 units subcutaneously in the morning for DM2 at 0700." However, insulin was not administered as ordered on 6/19/24 and 6/12/24. Progress notes show as follows:</p> <ul style="list-style-type: none"> • 6/12/24 - unable to give insulin prior to breakfast meal • 6/19/24 - unable to give in the morning - Resident left for van transport (no time the resident left) | <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>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #1 - Current service plan (4/1/24) plan was not updated to include diabetic interventions such as insulin administration (Lantus 10 units SQ in the morning) and orange juice administration if BS <70. <i>Revise service plan and 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>Updated the service plan in the diabetic section to include "Diabetic intervention prescribed - see EMAR".</p> <p>Typically, we do not include the actual physician's medication order in the service plan as the orders change frequently. Updated the service plan with the above statement to trigger the staff to refer to the eMAR for the specific diabetic orders.</p> | <p>7/19/24</p> |

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Licensee's/Administrator's Signature: *Dawn Meaney*

Print Name: Dawn Meaney

Date: 08/01/2024