

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Plaza at Waikiki	CHAPTER 90
Address: 1812 Kalakaua Avenue, Honolulu, Hawaii 96815	Inspection Date: June 19 & 20, 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> (a)(3) The administrator or director of the assisted living facility shall:</p> <p>Be accountable for providing training for all facility staff in provision of services and principles of assisted living.</p> <p><u>FINDINGS</u> Resident #1 – Electronic Treatment administration record (eTAR) shows medication aides (MA) administered and applied wound dressing “Duoderm” patch on sacral decubitus ulcer.” There is no documentation that MAs received registered nurse (RN) delegation and training to perform the task.</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 7/23/24 Director of Nursing communicated to all licensed nursing staff, to complete the following for all wound care orders: (1) Administer or be in attendance for administration of all wound care treatment, (2) Assess condition of wound, (3) enter prog note, describing the condition of the wound, (4) report to physician if assessment resulted in a concern for possible infection or no signs of healing.</p> <p>Director of Nursing communicated to medication aides; all wound care orders requires a licensed nurse to be in attendance, to assess the condition of the wound.</p>	<p>7/23/24</p>

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<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 – Comprehensive assessment dated 12/12/23 did not include nursing services for skin care and prescribed treatments. Resident has an ongoing treatment of Duoderm dressing every 3 days for sacral pressure injury. <i>Evidence of compliance received on 6/21/24.</i></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>§11-90-8 <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 #2 - Resident experienced falls 6/16/23, 6/22/23, 8/13/23, 8/23/23, 9/20/23, 10/11/23, 11/1/23, 11/17/23, 12/12/23, 1/22/24, 2/1/24, 4/2/24, 5/1/24, 5/4/24, 5/8/24, and 5/13/24; however, service plan did not include individualized interventions to mitigate frequent falls. <i>Evidence of compliance received on 6/21/24.</i></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>§11-90-8 <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 documented evidence health monitoring was provided by licensed staff to determine if sacral pressure injury is healing properly and if wound treatment is effective.</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>§11-90-9 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 or indicated.</p> <p><u>FINDINGS</u> Resident #1 – No incident report generated for sacral pressure injury noted on 6/9/23.</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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Licensee's/Administrator's Signature: Jan Aina

Print Name: Jan Aina

Date: 08/06/2024