

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Plaza at Mililani	CHAPTER 90
Address: 95-1050 Ukuwai Street, Mililani, Hawaii 96789	Inspection Date: January 18, 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)(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>FINDINGS Resident #1 - Service plan (last updated 1/3/24) shows blood pressure check weekly; however, electronic medication administration record (e-MAR) documentation indicated monthly checking.</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>Charge Nurse updated the E-mar and Service plan to reflect what was stated on Physicians order: Monthly.</p>	<p>2/1/24</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 #2 – Physician order dated 12/19/23 states, “Anusol (Hydrocortisone) 2.5% cream (external) PRN up to 3x/day, use sparingly. Medication not available for resident use.</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>Medication aide contacted family to bring in the medication. Medication was filled at the pharmacy on 1/17/24 and brought in on 1/20/24.</p>	1/20/24

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Licensee's/Administrator's Signature: Rebecca Fajota

Print Name: Rebecca Fajota

Date: 10/01/2024