

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Regency at Puakea, L.L.C.	<b>CHAPTER 90</b>
<b>Address:</b> 2130 Kaneka Street, Lihue, Hawaii 96766	<b>Inspection Date:</b> April 29 & 30, 2025 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.**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b>  Resident #1 – eMAR progress notes between 4/3/25-4/28/25 show, "Acetaminophen tablet 325 Give 2 tablet by mouth as needed for mild-moderate h/a, joint or muscle aches, pain or fever &gt; 100," and "Immodium A-D tablet 2 mg give 2 tablets by mouth as needed for first loose stool and 1 tab for each subsequent loose stool..." were administered multiple times by various "medication aide/techs"; however, no documented evidence nurse delegation to unlicensed assistive personnel by a currently licensed nurse occurred.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>A PRN policy has been developed and reviewed with the various "medication aide/techs."</p> <p>All PRN (as needed) medications will be delegated by the Wellness Director (licensed nurse) to the UAP (unlicensed assistive personnel) with clear and concise orders from a primary care provider.</p> <p>From May 8, 2025, to May 14, 2025, all Medication Technicians will receive training on the PRN policy.</p>	05/08/2025

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b>  Resident #1 – eMAR progress notes between 4/3/25-4/28/25 show, “Acetaminophen tablet 325 Give 2 tablet by mouth as needed for mild-mod h/a, joint or muscle aches, pain or fever &gt; 100,” and “Immodium A-D tablet 2 mg give 2 tablets by mouth as needed for first loose stool and 1 tab for each subsequent loose stool...” were administered multiple times by various “medication aide/techs”; however, no documented evidence nurse delegation to unlicensed assistive personnel by a currently licensed nurse occurred.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>A PRN policy has been developed.</p> <p>All Medication Technicians have been trained on this policy, and this will be included in future Medication Technician training.</p> <p>All PRN (as needed) medications will be delegated by the Wellness Director (licensed nurse) to the UAP (unlicensed assistive personnel) with clear and concise orders from a primary care provider.</p>	05/08/2025

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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><b><u>FINDINGS</u></b>  Resident #2 – eMAR dated 4/13/25 indicates that the med tech held the medication Furosemide oral tablet 40 mg, 1 tab by mouth in the morning, due to low blood pressure. However, there's no parameter to hold the medication, and there is no documentation that a licensed nurse was notified of this action.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>On May 6, 2025, a licensed nurse faxed the primary care provider regarding blood pressure parameters, and the orders were received. The electronic Medication Administration Record (eMAR) was updated to indicate that the medication should be held if blood pressure readings are SBP 100 or lower.</p> <p>On May 7, 2025, the Medication Technician received counseling and education about orders that do not contain specific parameters. It was emphasized that the technician must notify the licensed nurse of any undefined parameters and all instructions provided by the licensed nurse must be documented.</p> <p>From May 7, 2025, to May 14, 2025, all Medication Technicians will receive training on orders without specific parameters.</p>	05/06/2025

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b>  Resident #2 – eMAR dated 4/13/25 indicates that the med tech held the medication Furosemide oral tablet 40 mg, 1 tab by mouth in the morning, due to low blood pressure. However, there's no parameter to hold the medication, and there is no documentation that a licensed nurse was notified of this action.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The Medication must notify the licensed nurse of any undefined parameters, and all instructions by the licensed nurse must be documented.</p> <p>This training will be included as part of the Medication training going forward.</p>	05/06/2025

Licensee's/Administrator's Signature: 

Print Name: Pam Arroyo

Date: 05/09/2025