

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 8 & 9, 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.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-2 <u>Definitions.</u> As used in this chapter:</p> <p>"Service plan" means a written plan for services developed with input from a facility staff representative, the resident or significant other (if the resident consents) and includes recognition of the resident's capabilities and choices. The plan defines the division of responsibility in the implementation of the services to be provided and specifies measurable goals. The service plan also specifies who will be responsible for providing services and when and how often care and services will be provided or arranged. The plan shall be developed at the time of admission and shall be reviewed and updated at least semi-annually or when the condition of the resident changes, or when the need arises.</p> <p><b><u>FINDINGS</u></b> Resident #3 – Service plan was not reviewed/updated timely (at least semi-annually) between 2/3/24-2/5/25.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-90-2 <u>Definitions.</u> As used in this chapter:</p> <p>"Service plan" means a written plan for services developed with input from a facility staff representative, the resident or significant other (if the resident consents) and includes recognition of the resident's capabilities and choices. The plan defines the division of responsibility in the implementation of the services to be provided and specifies measurable goals. The service plan also specifies who will be responsible for providing services and when and how often care and services will be provided or arranged. The plan shall be developed at the time of admission and shall be reviewed and updated at least semi-annually or when the condition of the resident changes, or when the need arises.</p> <p><b><u>FINDINGS</u></b> Resident #3 – Service plan was not reviewed/updated timely (at least semi-annually) between 2/3/24-2/5/25.</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>One month prior, Administrator will review upcoming Service Plan that are due in the next 30 days. Administrator will schedule service plans on the community calendar for the Director of Nursing. Administrator will also send Service Plan notifications to the resident and their responsible party.</p> <p>Weekly, the Administrator will review Service Plan reports and ensure Service Plans are completed timely.</p>	04/18/25

	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><b><u>FINDINGS</u></b> Employees #1, #2, #3, #4, and #6 – Training in providing services to residents in the extended care unit did not occur prior to working there.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<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><b><u>FINDINGS</u></b> Employee #2 – Hired as Resident Care Aide (RCA) on 4/12/24, but the required RCA onboarding training was not appropriately completed – multiple skills/tasks were left blank or did not indicate completion.</p> <p>Employee #7 – Hired as a medication aide (MA) on 1/12/24, but the required MA training was not appropriately completed – multiple skills/tasks were left blank or did not indicate completion.</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>Employee #2:</p> <p>04/18/2025 DON reviewed with team member #2- RCA on boarding checklist and verified knowledge and skills training. DON completed the on boarding checklist.</p> <p>Employee #7:</p> <p>04/18/2025 DON reviewed with team member #7- Medication Aid on boarding checklist and verified knowledge and skills training. DON completed the on boarding checklist.</p>	04/18/25

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	<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> (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><b><u>FINDINGS</u></b></p> <p>Resident #1 – Active medication orders include Acetaminophen oral tablet 325 mg give 2 tablets by mouth every 6 hours, but supply not available for PRN administration.</p> <p>Resident #2 – Active medication orders include Hydrocodone-Acetaminophen 5-325 mg give 0.5 tablet by mouth every 6 hours as needed for pain, but supply not available for PRN administration.</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>Resident #1:</p> <p>Nurse supervisor contacted resident's responsible party to obtain missing PRN medication. Medication received.</p> <p>Resident #2:</p> <p>Nurse supervisor contacted resident's responsible party to obtain missing PRN medication. Medication received.</p>	04/10/25



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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 #3 -- Fall risk evaluation was not completed following fall (with injury) incidents on 9/25/24 and 9/19/24.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(i) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>Prescription and non-prescription medications which the facility has responsibility for administering to a resident must be identified in the resident's record and must be prescribed in writing for the resident by a physician or prescribing advanced practice registered nurse;</p> <p><b><u>FINDINGS</u></b>  Expired medications were noted as follows:</p> <ul style="list-style-type: none"> <li>• Halia unit medication cart – Zolpidem tablets in blister pack</li> <li>• Lamaku unit medication cart – Clotrimazole topical cream</li> </ul>	<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>04/18/2025</p> <p>Removed and destroyed expired zolpidem tablets and clotrimazole topical cream from both medication carts.</p> <p>Nurse Supervisor faxed providers for an updated Medication Order to fill the medication at a pharmacy.</p>	04/18/2025



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Licensee's/Administrator's Signature: Dorothy Abreu

Print Name: Dorothy Abreu

Date: 05/01/2025