

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Arcadia Retirement Residence	CHAPTER 90
Address: 1434 Punahou Street, Honolulu, Hawaii 96822	Inspection Date: May 20 & 21, 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>§11-90-8 <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—Service plan initiated on 11/12/24 was not updated as follows:</p> <ul style="list-style-type: none"> • To include the added tasks following readmission to AL services on 11/15/24 and to modify conflicting interventions and tasks identified on the plan of care (POC) tasks documentation. For example, safety checks on the service plan indicate every 2-3 hours, but POC task documentation states, "AM & PM - APT Check every 2 hours, noc as necessary; and once every shift." • To include the interventions related to nutrition and fluid status; monitor PO intake ordered 3/15/25, monitor PO fluid and Fluid restrictions 1.5L ordered 3/15/25, and daily weights ordered 3/15/25. <p><i>Revise the service plan and submit a copy with your plan of correction</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 05/21/25, the Quality Assurance (QA) RN reviewed and updated Resident #1 Service Plan interventions to reflect all tasks needed to meet the service goals and objectives as noted in Point of Care (POC) task documentation and physician orders. The updated Service Plan for Resident #1 will be emailed directly to Leah Pascual. An audit of all Assisted Living residents' service plans will be completed by 06/20/25.</p>	<p>05/21/2025</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—Service plan initiated on 11/12/24 was not updated as follows:</p> <ul style="list-style-type: none"> • To include the added tasks following readmission to AL services on 11/15/24 and to modify conflicting interventions and tasks identified on the plan of care (POC) tasks documentation. For example, safety checks on the service plan indicate every 2-3 hours, but POC task documentation states, "AM & PM – APT Check every 2 hours, noc as necessary; and once every shift." • To include the interventions related to nutrition and fluid status: monitor PO intake ordered 3/15/25, monitor PO fluid and Fluid restrictions 1.5L ordered 3/15/25, and daily weights ordered 3/15/25. 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>All residents in the facility have the potential to be affected by this deficient practice. The RN Clinic Manager will review the process for adding or removing tasks and/or interventions from the resident's Service Plan. All licensed nurses and CNA supervisors will be trained by 05/30/25.</p> <p>Measures or systemic changes that will be put into place to ensure the deficient practice does not recur include a weekly review of new and discontinued tasks in POC, as well as new and discontinued interventional physician orders, to ensure the Service Plan reflects all changes, by the QA RN or designee.</p> <p>The RN Clinic Manager or designee will conduct monthly audits to ensure accurate current Service Plans. Findings from this audit will be reviewed and shared during the quarterly Quality Assurance Committee Meeting.</p>	<p>05/30/2025</p>

Licensee's/Administrator's Signature: Shannon Miyazaki

Print Name: Shannon Miyazaki

Date: 05/30/2025