

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: The Plaza at Moanalua | CHAPTER 90 |
| Address: 1280 Moanalualani Place, Honolulu, Hawaii 96818 | Inspection Date: July 14 & 15, 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) 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>§11-90-8 <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 – Service plan includes medication management to be handled by the facility with a goal to receive all medications in a timely manner. However, the July electronic medication administration record (eMAR) indicated medication Alprazolam ER 1 mg tablet give 1 by mouth two times a day was not recorded as given to, held, or refused by the resident on 6/6/25, PM dose.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;">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)(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 experienced three falls since admission on 6/28/25, and the service plan was not updated to include additional interventions to manage fall risk.</p> <p>Resident #1 – Service plan was not updated to discontinue blood sugar check (ordered 7/2/25) and to specify current diet order “regular.”</p> <p><i>Submit a copy of the revised service plan 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 7/22/25 A new service plan was created with additional interventions which increased the residents level of care - Assist with transfers and hands-on assistance with bathing.</p> <p>On 7/22/25 service plan was updated to discontinue blood sugar checks and include residents ordered diet of regular.</p> | 7/22/25 |

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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><u>FINDINGS</u> Resident #1 returned to the facility from an ER visit following a fall on 7/10/25 with orders for Lidoderm patch 5% apply 1 patch topically for 12 out of 24 hours and Acetaminophen 500mg 1-2 tabs every 6 hours as needed for pain. Resident already had these orders prior to the ER visit; however, records show the resident has not received the Lidoderm patch since 7/1/25 due to pending supply, and the Acetaminophen order indicates a different frequency of every 8 hours. No documentation that the physician was notified of the unavailability of the Lidoderm patch, and a clarification order to verify the frequency of Acetaminophen PRN.</p> <p><i>Submit proof of correction with your POC.</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>Retrained the Nursing Staff (Nurse Supervisors, Charge Nurses and Med Aides) to notify a residents physician should we be out of a medication or pending supply. Retrained the Nursing staff to notify physician immediately should we need clarification on medication orders.</p> <p>Lidoderm patch was received and administered to resident on 7/16/25.</p> | <p>7/22/25</p> |

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| <input checked="" type="checkbox"/> | <p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(ii) 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>The facility shall provide and implement policies and procedures which assure that all medications administered by the facility are reviewed at least once every 90 days by a registered nurse or physician, and is in compliance with applicable state laws and administrative rules.</p> <p><u>FINDINGS</u> Resident #2 – Review of medication orders by an RN/physician was not completed in a timely manner between 9/4/24 and 1/8/25.</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: R Fajota

Print Name: R. Fajota

Date: 02/16/2026