

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Plaza at Punchbowl	CHAPTER 90
Address: 918 Lunalilo Street, Honolulu, Hawaii 96825	Inspection Date: September 18, 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 #1 –September 2025 electronic MAR indicates medication order for Polyvinyl alcohol solution 1.4% eyedrops instill 1 drop in both eyes two times a day was not consistently administered in the morning of 9/2/25, 9/10/25, 9/13/25, 9/17/25.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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 #1 –September 2025 electronic MAR indicates medication order for Polyvinyl alcohol solution 1.4% eyedrops instill 1 drop in both eyes two times a day was not consistently administered in the morning of 9/2/25, 9/10/25, 9/13/25, 9/17/25.</p>	<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>The nurse who did not sign off on the medications is within her introductory probation period. Provided re-training with the nurse to ensure she understands how to sign off on the medications she passes on the electronic MAR.</p> <p>Implemented a daily task where the day shift nurse will run a report of any missed signatures from the previous day. An Outlook reminder was set for this to pop up daily on the nurse's calendar. If there are any signatures missed, the nurse from the prior day will be contacted for clarification.</p> <p>Implemented a weekly task where the Director of Nursing will run a weekly report of any missed signatures for the week. An Outlook reminder was set for this to pop up weekly on the Director of Nursing's calendar. If there are any signatures missed, the nurse from the prior week will be contacted for clarification.</p>	<p>9/18/25</p>

Licensee's/Administrator's Signature: *Dawn Meaney*

Print Name: **Dawn Meaney**

Date: **09/26/2025**