

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Plaza at Pearl City	CHAPTER 90
Address: 1048 Kuala Street, Pearl City, Hawaii 96782	Inspection Date: September 16 & 17, 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)(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 – Service plan intervention for “Showers” states, “shower assist with 1 person -3x/week”; however, this service was not consistently provided, as indicated on plan of care (POC) documentation, on multiple days of the following months: 8/2025, 9/2025.</p> <p>Resident #2 - Service plan intervention for “Showers” states, “shower reminders”; however, this service was not consistently provided, as indicated on plan of care (POC) documentation, on multiple days of the following months: 8/2025, 9/2025.</p> <p><i>Submit revised service plans 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>The Director of Nursing updated Resident #1’s service plan to include a wipe down/bed bath as an alternative if the resident refuses a full shower. This update was communicated to all nursing staff through a care communication document.</p> <p>Additionally, the Director of Nursing provided retraining to nursing staff on proper documentation in Point of Care within PointClickCare. Staff were instructed that “N/A” is not an acceptable documentation option and were directed to instead select “Yes,” “No,” “Out of Facility,” or “Refused,” as appropriate.</p>	9/17/25

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	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 was not updated to reflect daily weights ordered 2/20/25, 6/16/25, 9/3/25.</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 09/16/25, resident #1 service plan was updated to reflect the physician's order for daily weights rather than monthly weights.</p>	9/16/25

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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 was not updated to reflect daily weights ordered 2/20/25, 6/16/25, 9/3/25.</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 Director of Nursing (DON) will provide retraining to all nursing staff to ensure that any updated physician orders are promptly reflected in the resident's service plan.</p> <p>All new physician orders will be verified by two licensed nurses. Verification will include confirming that the service plan has been updated as needed.</p> <p>In addition, all new physician orders will be reviewed and verified by the DON or Assistant Director of Nursing (ADON) to ensure accuracy and incorporation into the service plan.</p> <p>All service plans will be reviewed within 30 days of admission, at least every six months, and sooner if there is a change in the resident's condition.</p>	<p>9/17/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 No documented evidence that the facility utilized the Registered Dietitian to provide nutritional assessment for resident with weight gain trend.</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>The Director of Nursing (DON) made a referral to the registered dietician for a consultation regarding Resident #1's weight gain trend.</p>	<p>9/17/25</p>

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Licensee's/Administrator's Signature: Casey Narusawa

Print Name: Casey Narusawa

Date: 10/01/2025