

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Plaza at Waikiki	CHAPTER 90
Address: 1812 Kalakaua Avenue, Honolulu, Hawaii 96815	Inspection Date: June 19 & 20, 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>§11-90-3 <u>Licensing</u> (o)(10)(D) Applications for licensure shall be made to the department on a form provided by the department and shall include full and complete information as follows:</p> <p>Evidence that the premises comply with state and county building, housing, fire, and other codes, ordinances, and laws for the type of occupancy to be licensed. Compliance shall include but not be limited to the following:</p> <p>Applicable state laws and administrative rules relating to sanitation, health, and environmental safety.</p> <p><u>FINDINGS</u> A pungent urine smell was noted in resident room 531.</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>Through a detailed investigation, the source of pungent urine smell was emanating from resident personal clothing, bed sheets and bathroom floor. One nurse and two resident care aides who frequently interacted and provided care to resident; communicated that resident refuses assistance with toileting at night, often waking up with urine filled depends, wet t-shirt and sheets.</p> <p>The Plaza communicated with resident and spoke to responsible party, to work together to find a solution to mitigate the consistent, heavy urine smell.</p> <p>Resident agreed to: (1) place his wet t-shirt in a plastic bag and in the laundry to be washed weekly. (2) Will not hang his shirt that is wet with urine, above the air conditioner, to dry. (3) Allow care staff, while he is at breakfast, to check your bed, sheets and chux, for cleanliness. (4) If these items are wet, staff will change it with clean supplies</p> <p>Responsible party agreed to: (1) Purchase new sleeping shirts so resident has enough clean shirts to wear daily, (2) purchase two waterproof mattress covers, (3) Assist with positive communication with resident in the effort of keeping himself and his environment clean and hygienic.</p> <p>Plaza addressed the urine smell from bathroom floor by completing a deep cleaning of the bathroom and the floor.</p>	<p>July 5, 2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-3 <u>Licensing</u> (o)(10)(D) Applications for licensure shall be made to the department on a form provided by the department and shall include full and complete information as follows:</p> <p>Evidence that the premises comply with state and county building, housing, fire, and other codes, ordinances, and laws for the type of occupancy to be licensed. Compliance shall include but not be limited to the following:</p> <p>Applicable state laws and administrative rules relating to sanitation, health, and environmental safety.</p> <p><u>FINDINGS</u> A pungent urine smell was noted in resident room 531.</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 Plaza will prevent this type of occurrence from happening again by:</p> <p>Educating Plaza staff on how to look out for and communicate concerns of this nature about any resident in the community, to their Direct Supervisor. Direct Supervisor will review concerns of this nature in the daily manager huddle.</p> <p>Plaza staff will conduct a monthly inspection of all Assisted Living and Memory Care occupied apartments for the purpose of health and safety.</p> <p>For all Independent residents, prior to their 30-day and 6-month service plan update, The Plaza staff will include an inspection of their apartment for health and safety. The results of this review will be shared with resident and responsible parties at their service plan meeting with the intention of finding a way to work together in finding a solution.</p>	<p>July 22, 2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (6) The facility shall provide each resident with the following:</p> <p>The unit shall have a call system monitored 24-hours a day by facility staff;</p> <p><u>FINDINGS</u> The pull cord system is not working in resident room 531.</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>Upon completion of OHCA Survey, the pull-cord system was checked immediately. It was found to be working properly but not answered timely by the Concierge who was answering a phone call at the same time.</p> <p>We corrected the deficiency by coaching the Concierge, on the importance of prioritizing the pull-cord call over a phone call or assisting a visitor at the concierge desk.</p> <p>The Concierge was instructed to place the caller or visitor on hold while immediately responding to resident request for assistance.</p>	<p>June 20, 2025</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-4 <u>Minimum building and structural requirements.</u> (6) The facility shall provide each resident with the following:</p> <p>The unit shall have a call system monitored 24-hours a day by facility staff;</p> <p><u>FINDINGS</u> The pull cord system is not working in resident room 531.</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>Our plans to ensure this deficiency does not happen again;</p> <p>All staff who are involved with answering the pull-cord system calls, will be educated on the importance of answering the pull-cord system firstly, over other request for assistance, unless there is an active emergency.</p> <p>At each monthly department meeting and all-staff meeting, team members will be educated and reminded of the importance of prioritizing the answering of the pull-cord system as a part of our safety awareness program for Plaza at Waikiki.</p>	<p>June 20, 2025</p>

	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 – Current medication orders include PRN medications Senna-S 8.6-50 mg and Tylenol 325 mg tablet, but no supply available for PRN administration.</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>To correct this deficiency, the Plaza nursing staff immediately checked all medications supply & expiration for resident #1. The Charge Nurse called the responsible party to supply the needed medications.</p>	<p>June 20, 2025</p>

	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 – Current medication orders include PRN medications Senna-S 8.6-50 mg and Tylenol 325 mg tablet, but no supply available for PRN administration.</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>To ensure medication inventory is accurate and present; a medication inventory procedure was developed:</p> <p>Nursing staff (charge nurses and medication aides) were assigned to review all medications, weekly; for supply, labeling and expiration dates. This is organized by staff assignments, by medication cart and by program.</p> <p>Any discrepancies are to be reported to the Charge Nurse. The Charge Nurse will call the responsible party for the OTC medications and/or will reorder prescriptions from identified pharmacy.</p>	<p>July 1, 2025</p>

	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 #3 moved into the facility on 5/14/25; however, service plan was initiated on 5/15/25.</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>	

	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>FINDINGS Resident #3 moved into the facility on 5/14/25; however, service plan was initiated on 5/15/25.</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>To ensure this deficiency does not occur again, the following will occur:</p> <p>For all new admissions and re-admissions, the service plan will be finalized or updated, the day before admission or no later than the day of move-in. This is determined by the work schedule of the applicable staff member who is authorized to finalize service plans. This will ensure appropriate care needs are communicated to staff in a timely manner and to ensure resident care needs are met.</p>	<p>June 20, 2025</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 a clear diet was provided (as noted on the after-visit summary) and health monitoring was performed by licensed staff following an ERCP procedure on 10/29/24.</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
<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 a clear diet was provided (as noted on the after-visit summary) and health monitoring was performed by licensed staff following an ERCP procedure on 10/29/24.</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>To ensure that this deficiency does not happen again, the following will occur:</p> <p>For all medical appointments Charge Nurse will (1) retrieve all after-visit-summaries from resident or responsible party, (2) Review the after-visit summary, (3) implement any updated orders.</p> <p>If a medical procedure took place, all post-care procedures will be followed and The Plaza alert charting policy will be initiated for resident monitoring for the next 72hours..</p>	<p>June 20, 2025</p>

Licensee's/Administrator's Signature: Jan Aina

Print Name: Jan Aina

Date: 8/14/25