

Office of Health Care Assurance
State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Plaza at Kaneohe	CHAPTER 90
Address: 46-068 Alaloa Street, Kaneohe, Hawaii 96744	Inspection Date: April 7, 2026 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-90-8 <u>Range of services.</u> (a)(2) Service plan. 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; FINDINGS Resident #1 – Service plan dated 1/30/2026 included the following intervention: "Night checks every hour between 2200-0600." From January 31, 2026 - March 31, 2026, multiple times and dates observed where night checks not conducted hourly.	<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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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-90-8 Range of services. (b)(1)(F) Services. The assisted living facility shall provide the following: 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; <u>FINDINGS</u> Resident #1 – No documented evidence of health monitoring notes from 2/26/2026 to 4/6/2026, on file for department review.	<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"/> § 11-90-8 Range of services: (b)(1)(F) Services. The assisted living facility shall provide the following: 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; FINDINGS Resident # 1 – No documented evidence of health monitoring notes from 2/26/2026 to 4/6/2026, on file for department review.	<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>On May 1, 2026, the Director of Nursing provided mandatory in-service training to all licensed nurses regarding the requirement to complete a monthly health status progress note in PointClickCare for each Resident. The monthly progress note must address the Resident's overall health status and include, but not be limited to, the Resident's general appearance and condition, current vital signs and any noted trends, physical health observations or concerns, cognitive and mental status, and any significant changes in condition. Additionally, the progress note must include any identified concerns, interventions implemented, follow-up actions taken, and notification of the physician and/or responsible party when indicated.</p> <p>To ensure ongoing compliance, the Director of Nursing, Assistant Director of Nursing, or designee will conduct a monthly audit of all Resident charts no later than the third week of each month to verify completion and accuracy of the required monthly health status progress notes. Any missing or incomplete progress notes identified during the audit process will be promptly communicated to the assigned licensed nurse for completion and follow-up. The audit will also allow the DON/ADON to re-educate the licensed nursing staff should they require re-education and/or corrective discipline as appropriate.</p>	

Licensee's/Administrator's Signature:

A handwritten signature in black ink, appearing to be 'Doreen', written over a horizontal line.

Print Name:

Doreen Abreu

Date:

5.1.26

Licensee's/Administrator's Signature:



Print Name:

Dorothy Abrey

Date:

5.15.26