

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Plaza at Mililani	CHAPTER 90
Address: 95-1050 Ukuwai Street, Mililani, Hawaii 96789	Inspection Date: January 28 & 29, 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 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
☒	§11-90-6 <u>General policies, practices, and administration.</u> (a)(3) The administrator or director of the assisted living facility shall: Be accountable for providing training for all facility staff in provision of services and principles of assisted living. <u>FINDINGS</u> Resident #1 has the order to use the BiPAP machine at night while sleeping and O2 1L per nasal cannula day and night, but there is no documentation that the staff were trained in the provision and management of the BiPAP machine and O2 therapy.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY on 2/7/2025, the Director of Nursing provided an in-service training on the provision and management of the BiPAP machine and O2 therapy with the nursing staff (RN's).	2/7/2025

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☒	§11-90-6 <u>General policies, practices, and administration.</u> (a)(3) The administrator or director of the assisted living facility shall: Be accountable for providing training for all facility staff in provision of services and principles of assisted living. <u>FINDINGS</u> Resident #1 has the order to use the BiPAP machine at night while sleeping and O2 1L per nasal cannula day and night, but there is no documentation that the staff were trained in the provision and management of the BiPAP machine and O2 therapy.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? A new procedure was put into place on 2/7/2025. Any time there is an order for a BiPAP machine or O2 therapy, the DON or other assigned representative will provide a training to the nursing staff to ensure they are trained on the Physician's order and the identified machine/equipment.	2/7/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 <u>Range of services.</u> (a)(1) Service plan. The assisted living facility staff shall conduct a comprehensive assessment of each resident's needs, plan and implement responsive services, maintain and update resident records as needed, and periodically evaluate results of the plan. The plan shall reflect the assessed needs of the resident and resident choices, including resident's level of involvement; support principles of dignity, privacy, choice, individuality, independence, and home-like environment; and shall include significant others who participate in the delivery of services: FINDINGS Resident #1 -- Resident states staff administers "butt cream," and the facility has been out of supply for 2 weeks, but per the service plan, resident self-administers all medications. Records show the resident is A&O x 3 and has an order for Zinc Oxide 10% topical ointment to the affected area 3x day PRN diaper rash. <i>Reassess the resident and revise the service plan accordingly.</i>	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY On 2/5/2025 Resident was assessed and it was determined that the diaper rash was healed. PCP notified and order updated to Calmoseptine PRN. Director of Nursing spoke to Resident on 2/6/2025 to explain that we cannot provide a supply of "butt cream" for her; she/responsible party would need to order own supply. Resident verbalized understanding. The service plan was reviewed and resident remains capable of self-administration of all medications and treatments.	2/5/2025

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☒	§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: <u>FINDINGS</u> Resident #1 - Service plan not followed for O2 therapy and use of BiPAP machine as evidenced by blank initials on electronic Treatment Administration Record (eTAR) on 12/28/24 and 1/9/24.	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 <u>Range of services.</u> (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 --Physician visit form dated 10/23/24 noted health concern "blister R inner thigh and leg swelling" and ordered the increase of Furosemide to 40 mg QD for one week and Bacitracin topical twice a day to the R inner thigh for one week. However, there is no documented evidence that the facility provided nursing assessment and health monitoring for the resident with the above health concerns.	PART 1 Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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☒	§11-90-8 <u>Range of services.</u> (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 – Physician visit form dated 10/23/24 noted health concern “blister R inner thigh and leg swelling” and ordered the increase of Furosemide to 40 mg QD for one week and Bacitracin topical twice a day to the R inner thigh for one week. However, there is no documented evidence that the facility provided nursing assessment and health monitoring for the resident with the above health concerns.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? During next Charge Nurse meeting, DON will go over re-admission policy. A thorough skin assessment must be completed upon return to the community from hospital/rehab/or if noted on physician visit form. Alert skin charting must be done until the skin condition is healed. Charge Nurse must document skin assessment and progress.	2/21/2025

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☒	§11-90-8 <u>Range of services.</u> (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 that the RN completed medication assessment to determine resident's capacity to self-administer medications following readmission to the facility on 12/23/24. Discharge medication list included changes to resident's medications.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Nurse Supervisors will be retrained on The Plaza's re-admission procedures and medication services policies. If Resident who self-administers their medications has a status change, such as a hospitalization, a med assessment should be completed to ensure they are still appropriate to administer their own medications.	2/21/2025

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-90-8 <u>Range of services.</u> (b)(3)(A)(ii) Services. The assisted living facility shall have policies and procedures relating to medications to include but not be limited to: Self-medication: Residents able to handle their own medication regimen may keep prescription medications in their unit: <u>FINDINGS</u> Resident #1- Prescription medications (stored in a Ziploc bag) were observed to be in the resident's possession in the dining/activity room. The facility policy states that prescription medications should be kept in the unit.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY DON spoke to the Resident on 2/9/2025 to inform her of The Plaza's medication services policy. Explained to the Resident that her medication must be stored and secured in her apartment at all times. Further, discussed safe medication storage practices such as utilizing a pill box organizer or keeping the medications in their original packaging. Resident verbalized understanding and secured medications in her room.	2/9/2025

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Licensee's/Administrator's Signature:  _____

Print Name: Lauren Choy _____

Date: 02/13/2025 _____