

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 25, 2023 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>§11-90-2 <u>Definitions.</u> As used in this chapter:</p> <p>"Managed risk" means a formal process of negotiating and developing a plan to address resident needs, decisions, or preferences to reduce the probability of a poor outcome for the resident or of putting others at risk for adverse consequences.</p> <p><u>FINDINGS</u> Resident #1 No managed risk plan was developed for the use of bed rail. Order for bed rail use was obtained on 1/19/23. <i>Please submit a copy of the managed risk plan 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 style="text-align: center;">A managed risk agreement was made for residents use of the bed rail.</p> <p style="text-align: center;">Guardian signed and forwarded approved managed risk agreement on 3/1/23.</p>	<p style="text-align: center;">3/1/23</p>

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03-09-'23 11:16 FROM- Plaza at Millilani 808-526-8817 1-552 P0004/0013 F-433

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-2 <u>Definitions.</u> As used in this chapter:</p> <p>"Managed risk" means a formal process of negotiating and developing a plan to address resident needs, decisions, or preferences to reduce the probability of a poor outcome for the resident or of putting others at risk for adverse consequences.</p> <p>FINDINGS Resident #1 No managed risk plan was developed for the use of bed rail. Order for bed rail use was obtained on 1/19/23. <i>Please submit a copy of the managed risk plan with your plan of correction.</i></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>Re-training was provided for Nursing team members. Bed Rail procedure states that resident must pass the bed rail assessment, physician must agree to the use of the bed rail and a managed risk agreement is made & signed prior to bed rail being utilized. check list procedure created for bed rail use.</p>	<p>23 MAR 17 57</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> <p>2/1/23</p>

08-09-'23 17:16 FROM- Plaza at Millilani 808-626-881 / 1-552 P000 / 0013 F-433

	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 was not updated to reflect the daily weights ordered on 12/23/22</p> <p>Resident #2 – Service plan was not updated to reflect Ensure supplement 1 can twice a day (ordered on 1/4/23).</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Service plans were updated to reflect the correct orders</p> <p>#1 - updated to reflect daily weights</p> <p>#2 - updated to reflect ensure supplement 1 can twice a day</p>	<p>'23 MAR 10 17:57</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH DATE LICENSING</p> <p>2/1/23</p>

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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 indicate the resident's use of bed rails.</p>	<p>PART 1 '23 MAR 10 A / 3/7</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Bed Rail usage and monitoring have been added to resident's service plan.</p>	<p>2/1/23</p>

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	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>FINDINGSp Resident #1 – No documented evidence that the physician was notified of significant weight changes that occurred 7/23/22 to 8/27/22 and 11/30/22 to 12/30/22.</p>	<p>PART 1 '23 MAR 10 A 7:57</p> <p>STATE OF HAWAII DONALD STATE LICENSING</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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Licensee's/Administrator's Signature: R. Fajota
Print Name: Rebecca Fajota
Date: 04/18/23

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Licensee's/Administrator's Signature: R. Fajota

Print Name: Rebecca Fajota

Date: 2/10/23

STATE LICENSING

08-09-'23 11:11 FROM Plaza at Mililani 808-626-8811 I-552 P0013/0013 F-433