

Office of Health Care Assurance

State Licensing Section

22 AUG 15 A8:14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONSTATE OF HAWAII
DEPARTMENT OF HEALTH

Facility's Name: The Plaza at Moanalua	CHAPTER 90
Address: 1280 Moanalualani Place, Honolulu, Hawaii 96818	Inspection Date: July 5, 2022 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) WORKING 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>FINDINGS Memory Care Unit (2nd Floor) – No documented evidence medication refrigerator temperature was monitored and taken on 6/29/22 and 7/2/22, per temperature log</p> <p>STATE LICENSING DOB-2022 STATE OF HAWAII</p> <p>22 JUL 20 AG:42</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>§11-90-3 <u>Licensing</u> (o)(10)(D)</p> <p>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>FINDINGS</p> <p>Memory Care Unit (2nd Floor) – No documented evidence medication refrigerator temperature was monitored and taken on 6/29/22 and 7/2/22, per temperature log.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-90-3 (o) (10) (D)</p> <p>Future plan:</p> <p>Charge nurses on each floor were reminded and re-educated on the process of maintaining medication refrigerator temperature logs on a daily basis. This task will be added to their list of responsibilities and will be part of their shift report. Completed temperature logs will be given to the Director of Nursing and/or Assistant Director of Nursing on a monthly basis for record keeping.</p>	<p>7/6/22</p> <p><i>On-going</i></p>

STATE OF HAWAII
DEPARTMENT OF
HEALTH
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-5 <u>Emergency care and disaster planning</u>. (a)(4) There shall be written policies and procedures to follow in an emergency which shall include provisions for the following:</p> <p>Quarterly rehearsal of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><u>FINDINGS</u> No documented evidence a fire drill was conducted in a timely manner between 5/28/21-12/3/21.</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-5 <u>Emergency care and disaster planning.</u> (a)(4) There shall be written policies and procedures to follow in an emergency which shall include provisions for the following:</p> <p>Quarterly rehearsal of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p>FINDINGS No documented evidence a fire drill was conducted in a timely manner between 5/28/21-12/3/21.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-90-5 (a) (4)</p> <p>Future plan: Administrator will set an Outlook reminder during the first week of every quarter to ensure that fire drills are completed in a timely manner. A fire drill binder will be kept in the Administrator's office for safekeeping.</p>	<p>7/5/22</p> <p>on-going</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (b) All facility staff shall be in compliance with current department tuberculosis clearance procedures.</p> <p>FINDINGS Employee #1 – Annual tuberculosis clearance unavailable for review</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>11-90-6 (b):</p> <p>Did you correct the deficiency? Completion date: Employee #1 (CS) completed her annual TB questionnaire on July 8th, 2022. The deficiency was corrected on July 8th, 2022.</p> <hr/>	7/8/22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (b) All facility staff shall be in compliance with current department tuberculosis clearance procedures.</p> <p>FINDINGS Employee #1 – Annual tuberculosis clearance unavailable for review</p>	<p>PART 2 FUTURE PLAN</p> <p>STATE OF HAWAII</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-90-6 Future plan: A binder is kept in the Business Office Manager with each employee's due date for annual TB clearance. The Business Office Manager was educated and reminded to set a calendar reminder each month to ensure that the TB clearance for each employee is completed in a timely manner. The Business Office Manager will also keep a tickler system to review the list of employees who are due for their TB clearance each month. The Administrator will meet with the Business Office Manager at the beginning of each month to review the list of TB clearance that is due for that month. The Administrator will meet with the Business Office Manager again towards the end of each month to ensure that that each employee has completed their TB clearance in a timely manner.</p> <p><i>On-Going</i></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>FINDINGS Resident #1 – Service plans dated 6/4/21, 12/4/21, and 6/20/22 state, "Night checks every 2 hours between 2200-0600"; however, nightly checks not being performed as stated in service plan between 6/2021-6/2022, per tasks log.</p> <p>22 JUL 20 09:42</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</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)(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>FINDINGS</p> <p>Resident #1 – Service plans dated 6/4/21, 12/4/21, and 6/20/22 state, “Night checks every 2 hours between 2200-0600”; however, nightly checks not being performed as stated in service plan between 6/2021-6/2022, per tasks log.</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH DIVISION OF NURSING</p> <p>22 JUL 20 A9:42</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-90-8 (a) {2}</p> <p>Future plan:</p> <p>Charge Nurses and RCA's were reminded and re-educated on the process of documenting and completing the task log to reflect what is written on the service plan for each resident. The charge nurse on each shift will be assigned to review the Point of Care in PointClickCare to ensure that all tasks have been documented by end of shift. The Administrator, Director of Nursing, and/or Assistant Director of Nursing will complete monthly audits to ensure that the task logs are accurate and completed in a timely manner.</p> <p>7/7/22</p> <p><i>On-going</i></p>	

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<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>FINDINGS</p> <p>Resident #1 – Service plan states, “weights to be done monthly”; however, weight not documented for 6/2021 and 1/2022</p> <p>Resident #2 – Service plan states, “weights to be done monthly”; however, weight not documented for 11/2021</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>	

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<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>FINDINGS</p> <p>Resident #1 – Service plan states, "weights to be done monthly"; however, weight not documented for 6/2021 and 1/2022</p> <p>Resident #2 – Service plan states, "weights to be done monthly"; however, weight not documented for 11/2021</p> <p style="text-align: right;">STATE OF HAWAII HAWAII-CHINA SMALE-CHINA SMALE-CHINA</p> <p>22 JUL 20 19:42</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-90-8 (a) (2):</p> <p>Charge nurses were reminded and re-educated on the correct process of updating the resident's weights on PointClickCare according to the Physician's orders. The charge nurse will review PointClickCare daily to ensure that all scheduled weights are obtained and documented in a timely manner. The Administrator, Director of Nursing, and/or Assistant Director of Nursing will complete monthly audits to ensure that monthly weights are documented and reflected in the resident's record.</p> <p style="text-align: right;">7/7/22 Dee-geary</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 #1 – Service plan was not updated to reflect the current diet order, “regular diet, regular texture”. Service plan states, “regular, NCS diet”.</p> <p>22 JUL 20 49:42</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STANDARDS ENFORCEMENT</p>	<p>PART 1</p> <p>DID YOU CORRECT THE DEFICIENCY?</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-90-8 (a) (3):</p> <p>Did you correct the deficiency? Completion date.</p> <p>Resident #1 (EK) service plan was updated to include current diet order. The deficiency was corrected on July 8, 2022.</p> <p>7/8/22</p>	

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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 the current diet order, “regular diet, regular texture”. Service plan states, “regular, NCS diet”.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Future plan: The charge nurses were reminded and re-educated on the correct process to update a resident's service plan on PointClickCare when a new diet order is received. A copy of the new diet order will be given to the Administrator, Director of Nursing, and/or Assistant Director of Nursing. A review of the resident's service plan will be done to confirm that the new diet order has been updated accurately.</p> <p>.....</p> <p><i>On - open</i></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>FINDINGS Resident #2 – Service plan does not reflect the provision of "Glucerna Liquid Nutritional Supplement, two times a day, give 120mL by mouth", as ordered by physician on 3/11/22.</p> <p>22 JUL 20 AG 42</p> <p>STATE OF HAWAII DOH-DOH-00 STANDARDIZING</p>	<p>PART 1</p> <p>DID YOU CORRECT THE DEFICIENCY?</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>11-90-8 (a) (3): Did you correct the deficiency? Completion date? Resident #2 (RY) service plan was updated to include provision of "Glucerna Liquid Nutritional Supplement, two times a day, give 120mL by mouth". The deficiency was corrected on July 8, 2022.</p> <p>7/8/22</p>	

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STATE OF HAWAII
DEPARTMENT OF
HEALTH
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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>FINDINGS Resident #3 – Service plan was not updated in a timely manner between 2/9/2020-6/21/2022.</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>	

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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 #3 – Service plan was not updated in a timely manner between 2/9/2020-6/21/2022.</p>	<p>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?</p> <p>11-90-8 (a) (3) Future plan: A checklist system will be utilized every month to ensure the timely completion of service plans for all residents. The Assistant Director of Nursing was educated on the process and responsibility of completing monthly audits in PointClickCare to ensure that service plans are updated in a timely manner. The Administrator, Director of Nursing, and/or Assistant Director of Nursing will review the checklist each month to ensure the timely completion of service plans for all residents.</p>	<p>22 AUG 15 10:14 STATE OF HAWAII Department of Health Long Term Care Division 7/8/22 On: [Signature]</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 #2,4 – No documented evidence the residents' initial comprehensive assessment and service plan were completed prior to admission on 10/22/21. Initial comprehensive assessment and service plan were completed on the day of admission.</p> <p>22 JUL 20 A9:42</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 #2,4 – No documented evidence the residents' initial comprehensive assessment and service plan were completed prior to admission on 10/22/21. Initial comprehensive assessment and service plan were completed on the day of admission.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>11-90-8 (a) (3)</p> <p>Future plan:</p> <p>The Assistant Director of Nursing and charge nurses were re-educated that for all new admissions, the initial comprehensive assessment and service plan must be completed prior to admission. Staff members were reminded that these documents must be complete and "locked" in PointClickCare.</p> <p>Prior to admission, the Sales Manager, Administrator, or designee will review PointClickCare to confirm that an assessment and service plan have been completed.</p>	<p>7/8/22</p> <p>On-going</p>

STATE OF HAWAII
DEPARTMENT OF
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STATE LICENSING

22 JUL 20 A9 42

Licensee's/Administrator's Signature: Meli Cheung
Print Name: Meli Cheung
Date: 7/18/22

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

22 JUL 20 AG:42

Licensee's/Administrator's Signature: Meli Cheung
Print Name: Meli Cheung
Date: 8/12/22 22 AUG 15 A8:14

STATE OF HAWAII
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