

Office of Health Care Assurance

'22 AUG 15 A8:14

State Licensing Section

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**STATE OF HAWAII  
STATE LICENSING SECTION

<b>Facility's Name:</b> The Plaza at Moanalua	<b>CHAPTER 90</b>
<b>Address:</b> 1280 Moanalualani Place, Honolulu, Hawaii 96818	<b>Inspection Date:</b> 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><b><u>FINDINGS</u></b> Memory Care Unit (2<sup>nd</sup> 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 OF HAWAII DOH-0157 STATE LICENSING 22 JUL 20 19:42</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<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><b><u>FINDINGS</u></b> Memory Care Unit (2<sup>nd</sup> 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 OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></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>

22 JUL 20 09:42

	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>STATE OF HAWAII DEN-006A STATE LICENSING</p> <p>22 JUL 20 A9:42</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<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>STATE OF HAWAII            DON-CHON            STATE LICENSING</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>11-90-5 (a) (4)</p> <p>Future plan:</p> <p>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>

	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><b>FINDINGS</b> Employee #1 – Annual tuberculosis clearance unavailable for review</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING 22 JUL 20 09:42</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></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>	<p>7/8/22</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)(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><b>FINDINGS</b> 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 DEPT. OF HEALTH STATE LICENSING</p> <p>22 JUL 20 A9:42</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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Licensee's/Administrator's Signature: Meli Chung

Print Name: Meli Chung

Date: 7/18/22

STATE OF HAWAII  
BOH-001A  
STATE LICENSING

22 JUL 20 A9:42

Licensee's/Administrator's Signature: Meli Chuep

Print Name: Meli Chuep

Date: 8/12/22 '22 AUG 15 A 8:14

STATE OF HAWAII  
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STATE LICENSING