

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Plaza at Pearl City	CHAPTER 90
Address: 1048 Kuala Street, Pearl City, Hawaii 96782	Inspection Date: September 15, 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) 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>§11-90-8 Range of services. (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 – Current service plan states resident is being provided a regular diet; however, diet order dated 2/18/23 states, "regular, no added salt, regular texture, regular thin consistency". Service plan does not reflect current diet order.</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>Service plan was updated to reflect current diet order - "regular, no added salt, regular texture, regular thin consistency".</p>	<p>09/15/2023</p>

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☒	<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 – Current service plan states resident is being provided a regular diet; however, diet order dated 2/18/23 states, “regular, no added salt, regular texture, regular thin consistency”. Service plan does not reflect current diet order.</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>Director of Nursing and Administrator held a Charge Nurse and Nurse Supervisor meeting on 9/20/2023. During this meeting, team members were informed of findings and the future plan below to ensure compliance with resident diet orders.</p> <ol style="list-style-type: none"> 1. The Charge Nurse will update the service plan when diet order is received. 2. The Charge Nurse will create a copy of the received diet orders and provide to the Director of Nursing. 3. Director of Nursing will double check service plan to ensure it has been updated accordingly. 4. The Nurse Supervisor and Director of Nursing will do monthly audits to ensure service plan matches current diet orders. 5. An outlook reminder was set up on Nurse Supervisor 	<p style="text-align: center;">09/25/2023</p>

*revd
7/28/23*

Licensee's/Administrator's Signature: Dominique Hidaro

Print Name: Dominique Hidaro

Date: 09/28/2023

revd
9/28/22