Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: **Hi'olani Assisted Living Center at Kahala Nui**	**CHAPTER 90**
Address: **4389 Malia Street, Honolulu, Hawaii 96821**	**Inspection Date: February 18 & 19, 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. 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
☐	§11-90-8 Range of services. (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. **FINDINGS** Resident #1 - Unable to verify whether the following services treatments were provided due to missing initials on the electronic Treatment Administration Record (eTAR): • Behavior monitor (noc shift) on 2.11.25 and 2.12.25 • Ambulation every 4 hours if safe to do so on 2.11.25 and 2.12.25 • CPAP at night on 2.12.25 • Side effects of psychotropic use on 2.12.25 Resident #2 - Unable to verify whether the following services treatments were provided due to missing initials on the eTAR: • Monitoring of R inner lower leg open area at 2200 on 2.7.25, 2.11.25, and 2.12.25 • Monitor pain on 2.11.25 and 2.12.25 • Give 360 ml every med pass at 0500 on 2.12.25 • Monitor fluid intake at 0500 on 2.12.25	PART I **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 Range of services. (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. **FINDINGS** Resident #2 No available supply to administer PRN medication Nitroglycerin for chest pain. The service plan indicates that the resident is totally dependent on medications, including requesting refills from the pharmacy	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Residents residing in the facility with PRN medications have the potential to be affected. ADON/Designee re-educated Licensed Nurses on 3/13/25, and on an ongoing basis, regarding the use of PRN medication order supply and administration. LN's to clarify with MD and document as appropriate. ADON/Designee will audit all new PRN medications every 3 months to verify that medications supply were identified, reported, and addressed timely. LNs will report significant findings to to evaluate the effectiveness of the plan based on trends identified and implement additional interventions as needed.	3/21/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
[ ]	§11-90-8 Range of services. (b)(3)(B)(ii) Services. The assisted living facility shall have policies and procedures relating to medications to include but not be limited to: Administration of medication: The facility shall provide and implement policies and procedures which assure that all medications administered by the facility are reviewed at least once every 90 days by a registered nurse or physician, and is in compliance with applicable state laws and administrative rules. **FINDINGS** An expired (8 2024) supply of Fleet Laxative Glycerin suppositories was noted in the medication refrigerator on the 3rd floor medication room.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Residents expired medication were disposed of immediately. In house review of all refrigerators.	3/21/25

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☒	§11-90-8 Range of services. (b)(3)(B)(ii) Services. The assisted living facility shall have policies and procedures relating to medications to include but not be limited to: Administration of medication: The facility shall provide and implement policies and procedures which assure that all medications administered by the facility are reviewed at least once every 90 days by a registered nurse or physician, and is in compliance with applicable state laws and administrative rules. **FINDINGS** An expired (8/2024) supply of Fleet Laxative Glycerin suppositories was noted in the medication refrigerator on the 3rd floor medication room.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 1.Residents expired medication were disposed of immediately. In house review of all refrigerators. 2.Residents residing in the facility with as needed medications have the potential to be affected. Audit of medications in refrigerators quarterly and signature sheet by LN. 3.ADON/Designee re-educated Licensed Nurses on 3/13/25, and on an ongoing basis, regarding expired medications in med cart, med rooms and refrigerators. 4.ADON/Designee will audit all refrigerators for expired medications every 3 months. ADON/Designee will audit signature sheets done by LN and implement additional interventions as needed. 5.Compliance will be achieved by: 3/15/25.	05/21/2025

Licensee's Administrator's Signature: _____

Print Name: Michael Brogan

Date: 03/21/2025

Licensee's/Administrator's Signature: _____

Print Name: Michael Brogan

Date: 05/21/2025