

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  12G038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/07/2015
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NAME OF PROVIDER OR SUPPLIER  THE ARC OF MAUI - HALE KANALOA	STREET ADDRESS, CITY, STATE, ZIP CODE 450-B KANALOA AVENUE KAHULUI, HI 96732
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2015 FEB -5 A 11:36

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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9 005	<p>11-99-4(a) ACTIVE TREATMENT PROGRAM</p> <p>A plan of treatment shall be developed and implemented for each resident in order to help the residents function at their greatest physical, intellectual, social, emotional, and vocational level.</p> <p>This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility did not ensure that the individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including but not limited to [REDACTED] until it has been demonstrated that the client is developmentally incapable of acquiring them for [REDACTED]</p> <p>Findings include: [REDACTED]</p>	9 005	<p><b>Reference Tag ID 9 005</b> <b>11-99-4 (a) ACTIVE TREATMENT PROGRAM</b></p> <p><b>The facility did not ensure that the individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to [REDACTED] until it has been demonstrated that the client is developmentally incapable of acquiring them [REDACTED]</b></p> <p>To correct this issue, a formal Habilitation Program [REDACTED] was developed. [REDACTED] provided staff with direction to safely assist the client [REDACTED] [REDACTED] it did not provide adequate instruction to ensure consistent practices.</p> <p>This new [REDACTED] program provides specific instruction for staff to follow and the associated data documentation required to assess progress toward program goals.</p> <p>All staff in the Residence and Day Program was trained on the new program which was implemented immediately.</p>	2/4/15
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Office of Health Care Assurance  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[REDACTED SIGNATURE]

TITLE

*Program Supervisor*

(X6) DATE

2/4/15

e: JS 2/9/15 D

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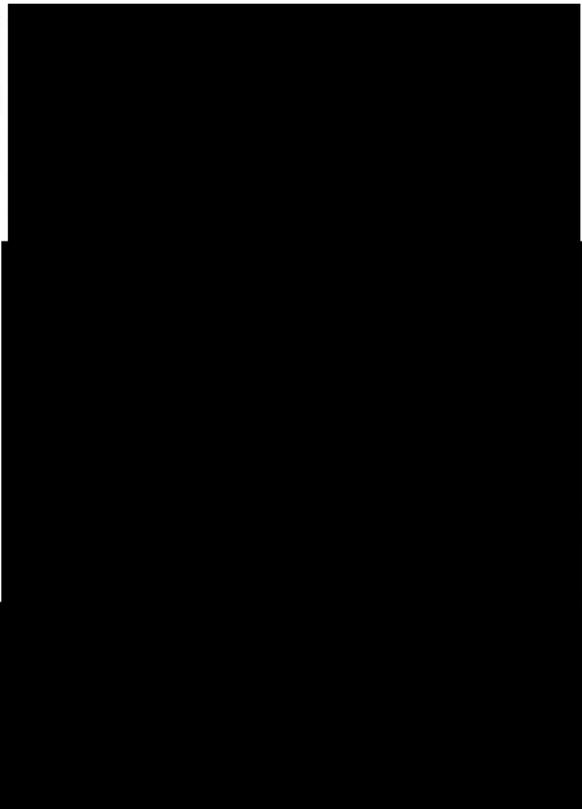
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9 005

Continued From page 1



9 005

To ensure no other clients were affected by this issue, all other client's Individual Program Plans were reviewed and determined to be adequate.

A systematic change to prevent recurrence is the development of a new protocol: *Habilitation Skills Checklist*. This checklist includes a quick reference guide of the required areas of habilitation for training in personal skills and provides a way to document compliance toward the requirements. This information is a handy reference guide for the ICF Case Manager to evaluate whether the client's current Individual Program Plan is in accordance with the requirements. This protocol will be implemented at the time of the client's Individual Program Plan (IPP) review and quarterly plan review or when there is a significant change in the client's condition. The checklist will be located in the client chart.

9 071

**11-99-7(k) CONSTRUCTION REQUIREMENTS**

The minimum clear width of a corridor shall be thirty-six inches, except that corridors serving one or more non-ambulatory or semi-ambulatory residents shall be not less than forty-four inches in width.

This Statute is not met as evidenced by: Based on observations and staff interview, the facility did not ensure the minimum clear width of a corridor shall be thirty-six inches except that

9 071

To monitor this corrective action, the ICF Case Manager will now include this checklist as part of the Case Manager's current Quality Assurance (QA) quarterly report. This QA report will be reviewed by the Program Supervisor, documented in the ICF Program QA report and located in the QA binder.

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9 071	<p>Continued From page 2</p> <p>corridors serving one or more non-ambulatory or semi-ambulatory residents shall be not less than forty-four inches in width.</p> <p>Findings include:</p> <p>Observations during the survey period from 1/5/15 through 1/7/15. [REDACTED]</p> <p>[REDACTED] The width of the hallway was about 4 tiles or approximately forty-eight inches wide. This was validated during interview with the Program Supervisor on the morning of 1/6/15.</p>	9 071	<p><b>Reference Tag ID 9 107</b></p> <p><b>11-99-11 (b) RESIDENT DAILY LIVING CARE AND TRAINING</b></p> <p><b>The facility did not ensure that they provided each employee with initial and continuing training that enables the employee to perform his or her duties effectively and competently.</b></p> <p>1) [REDACTED] (See Reference Tag ID 9 005 above)</p>	2/4/15
9 107	<p>11-99-11(b) RESIDENT DAILY LIVING CARE AND TRAINING</p> <p>The facility staff shall participate in appropriate activities relating to the care and development of the residents including training in activities of daily living and the development of self-help and social skills.</p> <p>This Statute is not met as evidenced by: Based on observation, interviews, and record reviews, the facility did not ensure that they provided each employee with initial and continuing training that enables the employee to perform his or her duties effectively and competently.</p> <p>Findings include:</p> <p>[REDACTED]</p>	9 107	<p>2) Follow Health &amp; Safety instructions regarding height of hospital bed [REDACTED]</p> <p>The hospital bed for [REDACTED] has bed rails to prevent the client from falling out of bed and the client does not [REDACTED]</p> <p>The bed is electric at the head and foot, but the body of the bed is raised and lowered with a manual crank. The Health &amp; Safety [REDACTED] was reviewed. It states: "The bed is to be raised to staff waist level for any [REDACTED] that is done while client is in bed. Lower the bed to its lowest position when care is completed." After reviewing the issue with staff, several staff stated that they kept the bed in the high position after [REDACTED] for purposes of allowing [REDACTED]. In addition, staff stated [REDACTED]</p>	

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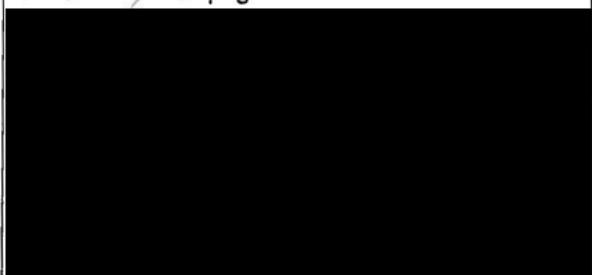
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9 107

Continued From page 3



9 107

that cranking the bed up and down takes some effort.

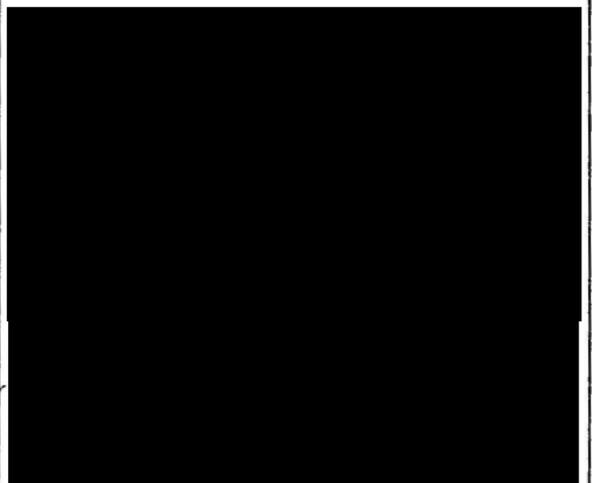
To correct this issue, the Health & Safety [redacted] was revised. In addition to the current instruction regarding returning the bed to its lowest position after [redacted] it now includes the following: "When the client is awake [redacted]

9 172

11-99-20(a) NURSING SERVICES

Each facility shall provide nursing services in order to meet the nursing needs of residents. This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility did not ensure that nursing services must include other nursing care as identified by client needs [redacted]

Findings include:



9 172

[redacted] staff may leave the bed raised, but must remain in the room with the client as long as the bed is elevated."

In addition, the bed crank was inspected by the agency maintenance person and was determined not to be in proper working order. The service provider for the hospital bed, Gammie Homecare, was contacted and the crank assembly was replaced. However, staff maintained that the bed crank still takes effort.

To ensure no other clients were affected, the correct implementation of the Health & Safety of the other resident in the home with a similar hospital bed and Health & Safety protocol regarding the bed height was reviewed and no issues were identified. In addition, the bed crank was determined to be in good working order.

A systematic change to prevent recurrence is the training of all staff in

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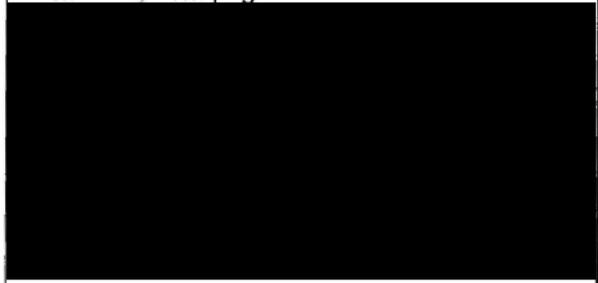
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9 107

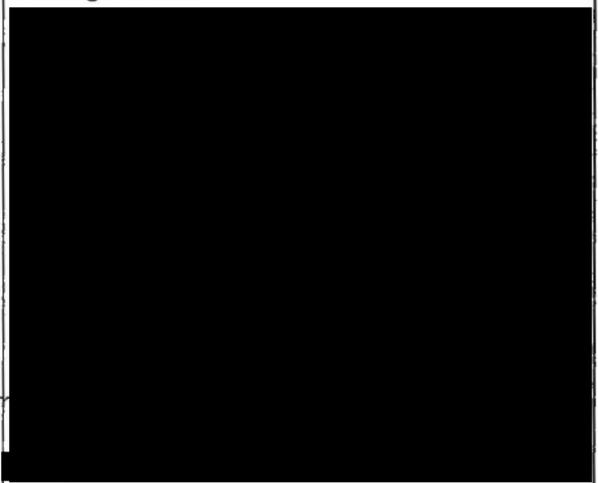
the Residence and the Day Program on the revised Health & Safety [REDACTED] in addition, the hospital beds for both clients in the home were converted to *all electric*. The cost of the conversions was not covered [REDACTED] however, this will assist staff to raise and lower the hospital beds requiring minimal effort and without having to use a manual crank.

9 172

11-99-20(a) NURSING SERVICES

Each facility shall provide nursing services in order to meet the nursing needs of residents. This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility did not ensure that nursing services must include other nursing care as identified by client needs [REDACTED]

Findings include:



9 172

To monitor this corrective action, the Resident Manager will observe and document three (3) times weekly for a period of two (2) months, the correct implementation of the Health & Safety's for those clients in the home with hospital beds. Documentation will be reviewed by the Program Supervisor and located in the QA binder.

3) Reporting medication order discrepancies and following physician orders for one client:

To correct this issue, a thorough review of the client's medications was discussed with the agency RN. [REDACTED]

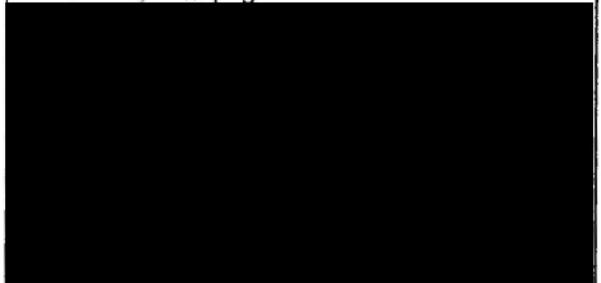
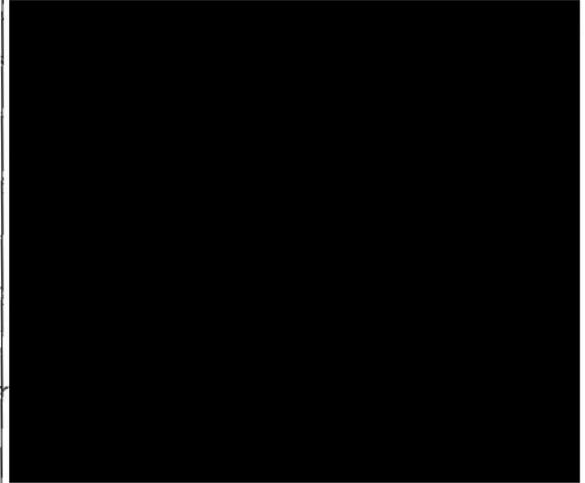
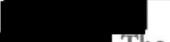
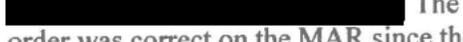


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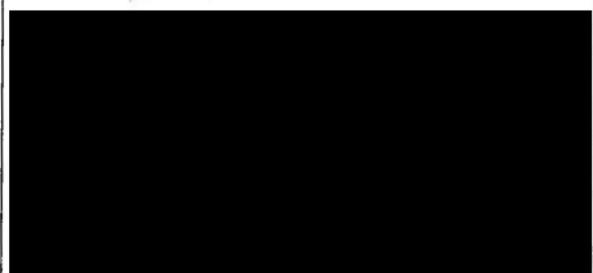
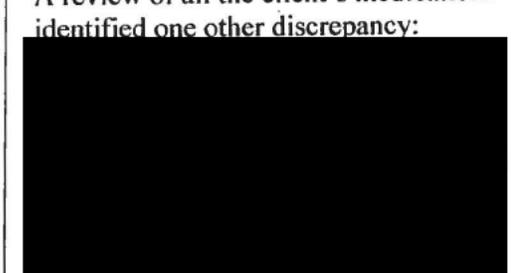
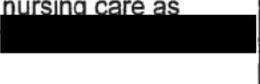
9 107	Continued From page 3 	9 107	 It was incorrectly documented on the Medication Administration Record (MAR), the Physician's Orders and the Blister-Pak. The discrepancy was never identified by the agency RN, the pharmacist or staff, but the medication was always administered 	
9 172	11-99-20(a) NURSING SERVICES  Each facility shall provide nursing services in order to meet the nursing needs of residents. This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility did not ensure that nursing services must include other nursing care as identified by client needs   Findings include: 	9 172	 was ordered in  after the client was seen   The order was correct on the MAR since the agency RN had instructed staff what to write over the phone after the medication was received on the following Saturday morning, but the pharmacy dispensed the label for the Blister-Pak incorrectly (PO), and the Physician's Order was for (PO/GT). The discrepancy was never identified by the agency RN, the pharmacist or staff, but the medication was always administered   Staff was implementing the correct route for the client's medications which was  However, the discrepancies between the MAR, the Physician's Orders and the Blister-Paks were not identified. Staff was not following the "Five Rights" of medication administration and did not report the discrepancies.	

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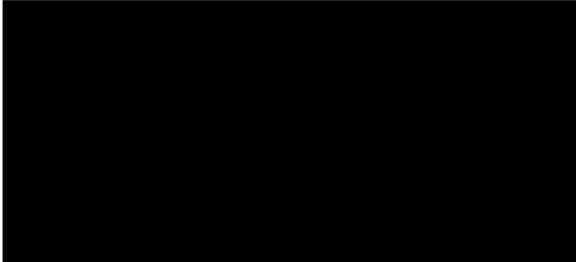
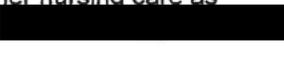
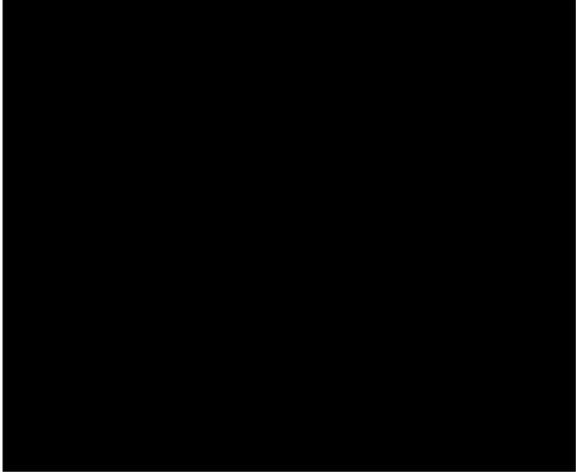
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9 107	Continued, From page 3 	9 107	A review of all the client's medications identified one other discrepancy: 	
9 172	11-99-20(a) NURSING SERVICES  Each facility shall provide nursing services in order to meet the nursing needs of residents. This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility did not ensure that nursing services must include other nursing care as identified by client needs for   Findings include: 	9 172	New Physician's Orders for the client's medications were immediately obtained for those medications that were incorrectly documented "PO" (by mouth) and should have been documented  . In addition, the MARS and the Blister-Pak's were changed to accurately reflect the correct route for the client's medications.  A thorough review of the staff medication training determined the training to be adequate; however, staff's correct implementation of the training was insufficient. Staff was retrained on the Five Rights of medication administration which includes the requirement to notify the agency RN of all discrepancies found.  To ensure no other clients were affected, all other client's Physician's Orders, MARS and Blister-Paks were reviewed for correct documentation and no other discrepancies were identified. All staff	

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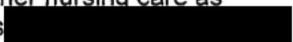
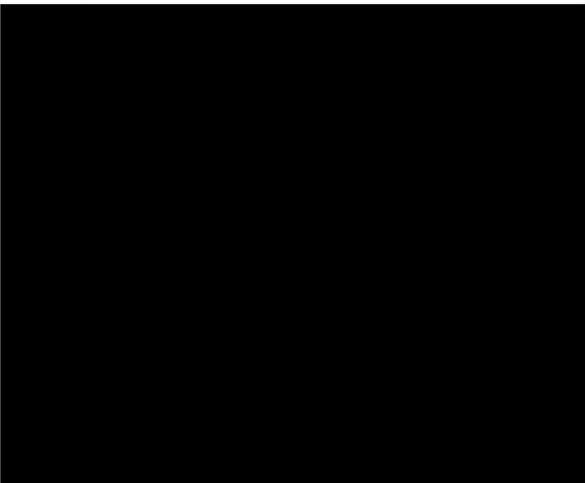
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9 107	Continued From page 3 	9 107	in the Residence and Day Program was retrained on the Five Rights of medication administration and the requirement for reporting all discrepancies.	
9 172	<p><b>11-99-20(a) NURSING SERVICES</b></p> <p>Each facility shall provide nursing services in order to meet the nursing needs of residents. This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility did not ensure that nursing services must include other nursing care as identified by client needs </p> <p>Findings include: </p>	9 172	<p>A systematic change to prevent recurrence is; the agency RN will continue to review the updated Physician's Orders, the MARS and Blister-Paks for correct medication <i>route</i> documentation for all clients in the home with unusual <i>route</i> instructions </p> <p>However, a new step will be added: Any unusual medication <i>route</i> instructions will now be highlighted to ensure staff is aware the medication may not be typical. In addition, it is believed that if the pharmacy had eliminated the Latin abbreviation "PO" on the Physician's Orders, the MAR and the Blister-Paks and documented "By Mouth" instead, this error may have been more easily identified. The agency RN requested, and the pharmacy agreed, to begin the process of eliminating all Latin abbreviations on future Physician's Orders, MARS and Blister-Paks for all clients in the Residence and Day Program making it easier for staff to interpret.</p> <p>To monitor this corrective action, the agency RN will ensure proper</p>	

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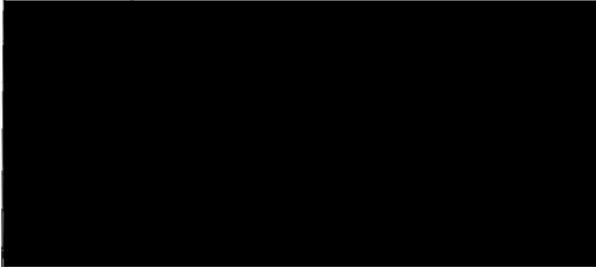
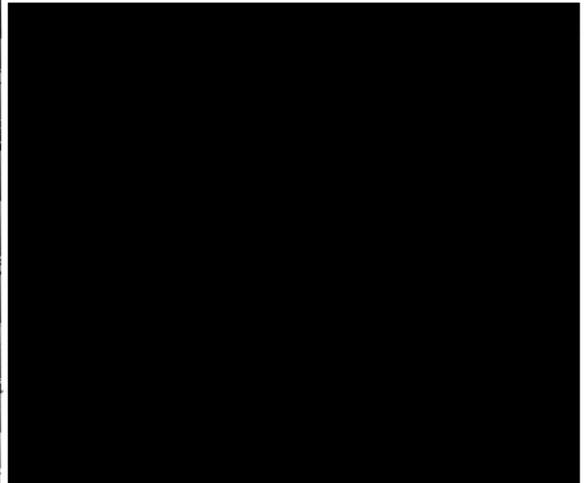
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9 107	Continued, From page 3 	9 107	documentation of the Physician's 90-day Orders for all clients in the Residence and submit the orders to the Program Supervisor who will review for accuracy for a period of one year. The Resident and Day Program Managers will observe and document three (3) times weekly for a period of two (2) months, the correct implementation of the Five Rights of medication	
9 172	<p>11-99-20(a) NURSING SERVICES</p> <p>Each facility shall provide nursing services in order to meet the nursing needs of residents. This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility did not ensure that nursing services must include other nursing care as identified by client needs </p> <p>Findings include: </p>	9 172	<p>administration including the requirement to report all discrepancies. Documentation will be reviewed by the Program Supervisor and located in the QA binder.</p> <p>4) Implementing the Health &amp; Safety instructions for  after medication administration for one client:</p> <p>To correct this issue, a thorough review of  in the home with a  procedure was reviewed and determined to be adequate. However, one staff's implementation of the procedure in the Day Program was insufficient.  was retrained by the agency RN on the correct procedure for flushing the  after medication administration and prior to </p> <p>There is only one client with a  in the Residence. To ensure no other staff implements the  procedures incorrectly, all staff in the Residence</p>	

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9 107	Continued From page 3 	9 107	and Day Program was retrained by the agency RN on correct  procedures.	
9 172	11-99-20(a) NURSING SERVICES  Each facility shall provide nursing services in order to meet the nursing needs of residents. This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility did not ensure that nursing services must include other nursing care as identified by client needs   Findings include: 	9 172	A systematic change to prevent recurrence is the development of a new protocol for training new incoming staff on the correct implementation of the  procedures. The new protocol will include the initial training by the agency RN and an additional two (2) consecutive Return Demonstrations by the Resident or Day Program Manager or Assistant Manager and will be documented. These additional observations will ensure new staff has the adequate training required to safely implement  procedures.  To monitor this corrective action, the Resident and Day Program Manager will observe and document all staff's correct implementation of the  procedure for  in the Residence three (3) times weekly for a period of two (2) months. Documentation will be reviewed by the Program Supervisor and located in the QA binder.  <b>Reference Tag ID 9 172 11-99-20 (a) NURSING SERVICES</b>	2/4/15

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>12G038</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/07/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE ARC OF MAUI - HALE KANALOA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>450-B KANALOA AVENUE KAHULUI, HI 96732</b>
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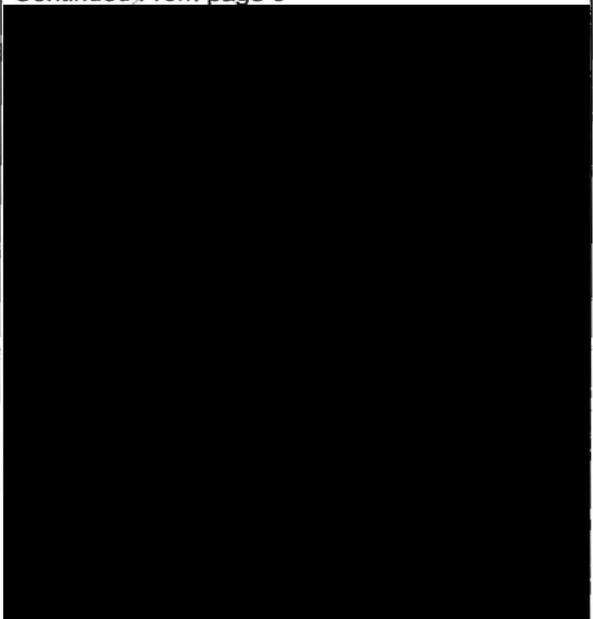
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
9 172	Continued From page 4 	9 172	<p><b>The facility did not ensure that nursing services must include other nursing care as identified by client needs for</b> </p> <ol style="list-style-type: none"> <li>1) Medication error for  (See Reference Tag ID 9 107 #3 above)</li> <li>2)  (See Reference Tag ID 9 107 #4 above)</li> <li>3) Hospital bed in a high position  (See Reference Tag ID 9 107 #2 above)</li> </ol>	

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  12G038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/07/2015
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NAME OF PROVIDER OR SUPPLIER  THE ARC OF MAUI - HALE KANALOA	STREET ADDRESS, CITY, STATE, ZIP CODE 450-B KANALOA AVENUE KAHULUI, HI 96732
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9 172	Continued From page 5 	9 172		
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9 191	11-99-22(e) PHARMACEUTICAL SERVICES  Only appropriately trained staff shall be allowed to administer drugs and shall be responsible for proper recording of the medication, including the route of administration. Such persons shall have satisfactorily completed a course of training in the administration of drugs, which course has been approved by the Department. Medication errors and drug reactions shall be recorded in the resident's chart and reported immediately to the physician who ordered the drug and an incident report shall be prepared. All incident reports shall be kept available for inspection by the	9 191	Reference Tag ID 9 191 11-99-22 (e) PHARMACEUTICAL SERVICES  The facility did not ensure that the system for drug administration assured that all drugs are administered without error.  (See Reference Tag ID 9 107 #3 and Reference Tag ID 9 172 #1 above)	2/4/15
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Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>12G038</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/07/2015</b>
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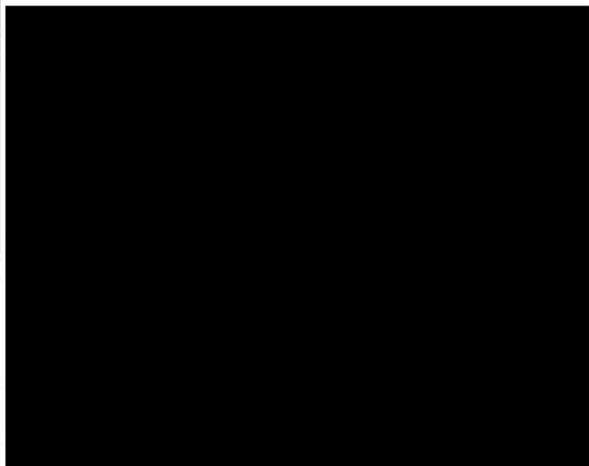
NAME OF PROVIDER OR SUPPLIER  <b>THE ARC OF MAUI - HALE KANALOA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>450-B KANALOA AVENUE KAHULUI, HI 96732</b>
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9 191

Continued From page 6  
Director.  
This Statute is not met as evidenced by:  
Based on observation, interview, and record review, the facility did not ensure that the system for drug administration assured that all drugs are administered without error.

Findings include:



9 191