

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2015
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RECEIVED

2015 DEC -8 P 1:39

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE

NAME OF PROVIDER OR SUPPLIER OPPORTUNITIES AND RESOURCES, INC (HOL	STREET ADDRESS, CITY, STATE AND ZIP CODE 64-1510 KAMEHAMEHA HIGHWAY WAHIAWA, HI 96786
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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
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9 000 INITIAL COMMENTS

A licensing survey was conducted from November 18 through 20, 2015. Upon entrance, the client census was three.

9 000

9 009 11-99-4(e) ACTIVE TREATMENT PROGRAM

The plan shall include all aspects of the resident's program including services provided outside the facility.
This Statute is not met as evidenced by: Based on observations, staff interviews, and record reviews, the facility did not include for those clients who lack them, training in personal skills essential for independence such as shaving, showering, grooming until it has been demonstrated that the client is developmentally incapable of acquiring them.

9 009 On 12/23/15, QMRP had a meeting with the Interdisciplinary Team and added training in personal skills for his/her independence. QMRP conducted an in-service training with the direct care staff and stressed the rationale and importance of consistency in the implementation of Active Treatment Training Program Plans

11/23/1

Findings include:
[REDACTED]

The Interdisciplinary Team reviewed and updated overall active treatment training program plans and his/her comprehensive functional assessment, to ensure that aggressive active treatment training is provided and that training and interventions are implemented consistently. The active treatment training plans will continue to be reviewed by the QMRP at least quarterly to ensure that active treatment programs for each client are properly implemented by the DP staff and direct care staff. Direct care staff's will be reminded to report any significant changes, especially in client's needs and concerns so that it will be properly addressed. Regular in-service training will continue to be provided by the QMRP to all direct care staff's on an as needed basis and at least annually.

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[REDACTED SIGNATURE]

TITLE
- President & CEO

(X6) DATE
12/8/15

C: AA 12/8/15

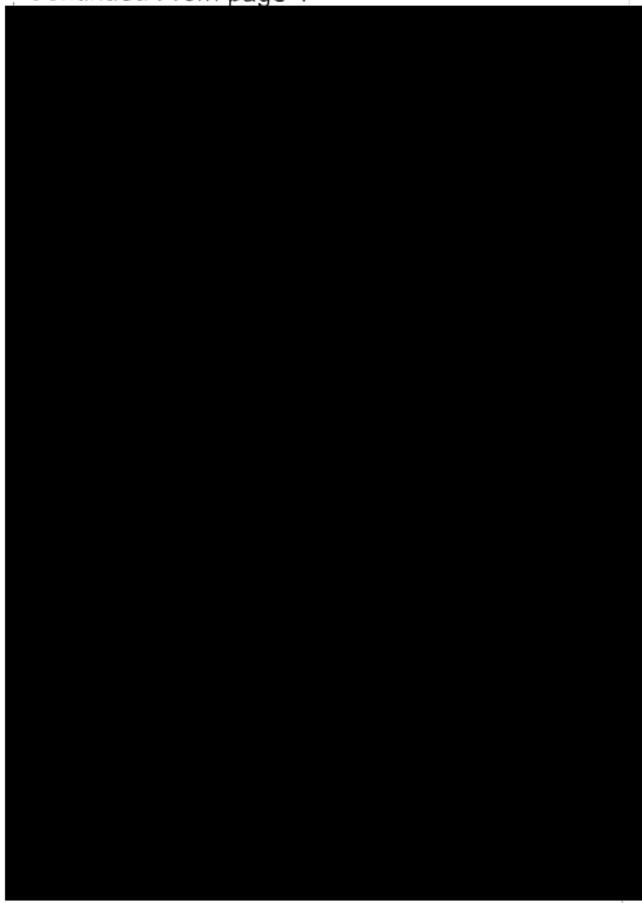
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9 009 Continued From page 1



9 009

On 12/23/15, QMRP had a meeting with the Interdisciplinary Team and added [redacted] training in personal skills for his/her independence. QMRP conducted an in-service training with the direct care staff and stressed the rationale and importance of consistency in the implementation of Active Treatment Training Program Plans [redacted]. The Interdisciplinary Team reviewed and updated [redacted] overall active treatment training program plans and his/her comprehensive functional assessment, to ensure that aggressive active treatment training is provided and that training and interventions are implemented consistently. The active treatment training plans will continue to be reviewed by the QMRP at least quarterly to ensure that active treatment programs for each client are properly implemented by the DP staff and direct care staff. Direct care staff's will be reminded to report any significant changes, especially in client's needs and concerns so that it will be properly addressed. Regular in-service training will continue to be provided by the QMRP to all direct care staff's on an as needed basis and at least annually

11/23/15