Hawaii Dept. of Health, Office of Health Care Assuranc

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	12G035	A. BUILDING: _____ B. WING _____	10/22/2015

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STATE OF HAWAII
OFC OHCA MEDICARE

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARC IN HAWAII - EWA C	91-824 C HANAKAHI STREET EWA BEACH, HI 96706

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9 091	11-99-9(d)(2)(A) DIETETIC SERVICES All food shall be procured, stored, prepared, distributed, and served under sanitary conditions. This Statute is not met as evidenced by: Based on observation and staff interview the facility failed to maintain stored foods in a sanitary manner to prevent food borne illnesses. [redacted]	9 091	11-99-9(d)(2)(A) DIETETIC SERVICES All expired and unrefrigerated open food items were immediately disposed of. All home staff were retrained on infection control including reading manufacturers expiration dates and labels regarding refrigeration needs at training on 11/17/15. At home managers meeting on 10/28/15 Director of Nursing and ICF Program Manager discussed with all Home Managers that they need to check manufacturers' expiration dates and label food accordingly as well as reading all labels regarding refrigeration needs or suggested number of days to use within after opening. From this point forward all outside food purchased by family members or guardians will be double checked for manufacturer's expiration dates and labeled accordingly. Home Manager to monitor food storage for unrefrigerated items. Home Managers to check dates of food storage items every 6 months.	11/17/15 10/28/15 on-going on-going bi-annually
9 108	11-99-11(c)(1) RESIDENT DAILY LIVING CARE AND TRAINING The facility staff shall provide at	9 108		

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PR[redacted]S SIGNATURE TITLE Exec. Director (X6) DATE 12/3/15

STATE FORM 6899 QO3O11 If continuation sheet 1 of 6

Fwd c: SS (h. KU) K

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9 108	Continued From page 1 least the following: Supportive services to enable residents to participate fully in appropriate daily activities. This Statute is not met as evidenced by: Based on clinical record review, observations and staff interviews, the facility failed to ensure 1 of 3 clients [redacted] in the active case sample received a continuous active treatment program. [redacted]	9 108	11-99-11(c)(1) RESIDENT DAILY LIVING CARE AND TRAINING Home Manager spoke to [redacted] regarding the need to sit at eye level during meals and that participants should not have to ask more than once for help with feeding. RN revised [redacted] Swallow and Feeding guidelines [redacted] All home staff were retrained on [redacted] Swallow and Feeding guidelines at training held on11/17/15. At Home Managers meeting on 10/28/15, Director of Nursing discussed and handed out a memo for all home staff to read and sign. The memo states that staff must sit at eye level with participants during meals and feeding and that staff must follow participants specific feeding/swallow guidelines. RNs will review all feeding protocols and if necessary will include how many times a participant should attempt to feed themselves before staff will offer assistance with feeding and whether or not staff should ask a participant before each meal if they need assistance with feeding.	10/23/15 11/13/15 11/17/15 10/28/15 12/11/15

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9 108	Continued From page 2 [redacted]	9 108	11-99-11(c)(1) RESIDENT DAILY LIVING CARE AND TRAINING Continued Both HMs and Instructors will monitor during meals. CM and RN to follow up with HMs and Instructors at monthly meetings. CM and RN to monitor quarterly.	on-going Monthly Quarterly

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9 108	Continued From page 3 [redacted]	9 108		
9 148	11-99-14(g) HOUSEKEEPING All areas which have contained infectious residents and materials shall be thoroughly cleaned by appropriate sanitizing methods. This Statute is not met as evidenced by: Based on observations and staff interviews, the facility failed to ensure that a commode chair was sanitized. Findings include: [redacted]	9 148	11-99-14(g) HOUSEKEEPING [redacted]leaned and sanitized the shower commode on 10/22/15. All home staff were retrained on infection control including disinfecting the shower chair after each use at training held at the Ewa C home on 11/17/15. Director of Nursing and ICF Program Manager discussed with all Home Managers at the Home Managers meeting on 10/28/15 that all shower chairs and commodes must be disinfected after each use. HM to monitor when commode used. CM and RN to follow up with HM at monthly meetings. CM and RN to monitor quarterly.	11/17/15 10/28/15 on-going Monthly Quarterly
9 151	11-99-15(b) INFECTION CONTROL	9 151		

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9 151	Continued From page 4 There shall be appropriate policies and procedures written and implemented for the prevention and control of infections and the isolation of infectious residents. This Statute is not met as evidenced by: Based on observations and staff interviews the facility failed to ensure that proper infection control techniques are consistently implemented. Findings include: [redacted]	9 151	11-99-15(b) INFECTION CONTROL Home Manager spoke to [redacted] immediately following the incident on the evening of 10/20/15, regarding the need to wear gloves when administering blood glucose testing or handling any bodily fluids. All home staff were retrained on proper glove usage and infection control procedures at training on 11/17/15. At a recent Home Managers meeting on 10/28/15, the Director of Nursing discussed and handed out a memo for all home staff to read and sign. The memo states that gloves should be worn during blood sugar tests. Home Manager to monitor during blood sugar testing. RN to follow up with HM at monthly meetings. RN to monitor quarterly.	11/17/15 10/28/15 on-going Monthly Quarterly

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9 151	Continued From page 5 [redacted]	9 151	This page intentionally left blank.	