

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  Amended POC	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  12G029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  11/06/2015
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NAME OF PROVIDER OR SUPPLIER  THE ARC IN HAWAII - KAIMUKI A	STREET ADDRESS, CITY, STATE, ZIP CODE 3705 MAHINA AVENUE HONOLULU, HI 96816
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STATE OF HAWAII  
HEALTH CARE

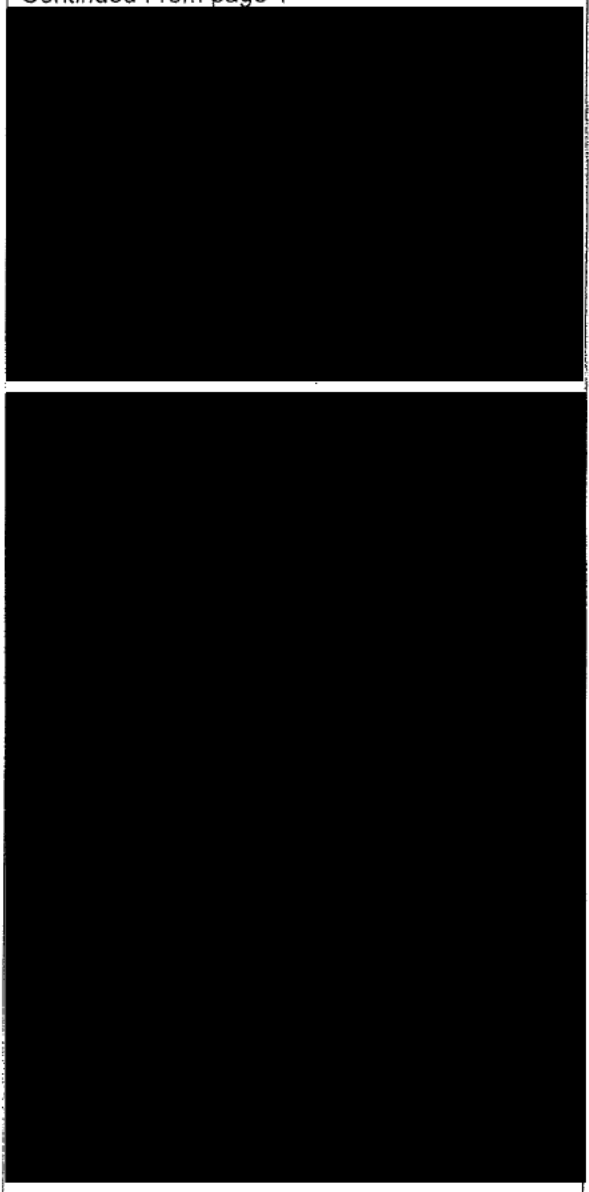



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9 000	<b>INITIAL COMMENTS</b>  A licensure survey was done from 11/4/15 through 11/6/15. The census was 5 (five) clients.	9 000		
9 005	<p><b>11-99-4(a) ACTIVE TREATMENT PROGRAM</b></p> <p>A plan of treatment shall be developed and implemented for 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, record review and interview with staff members, the facility failed to develop an individual program plan to include mechanical supports to achieve proper body alignment for 2 [redacted] of 3 clients in the active case sample and did not ensure 1 [redacted] of 3 client's individual program plan is implemented.</p> <p>Findings include: [redacted]</p>	9 005	<p><b>11-99-4(a) ACTIVE TREATMENT PROGRAM</b></p> <p><u>Plan of Correction</u></p> <p>1) RN and Director of Nursing will create an individual program plan for [redacted] mechanical support; foot straps. 12/11/15</p> <p>RN and Director of Nursing will train all home and ADH staff on new [redacted] mechanical support plan for [redacted] going foot straps. 12/21/15</p> <p>2) RN and Director of Nursing will create an individual program plan for [redacted] mechanical supports; ankle straps and lap tray. 12/11/15</p> <p>RN and Director of Nursing will train all home and ADH staff on new [redacted] mechanical support plan for [redacted] going ankle straps and lap tray. 12/21/15</p> <p><u>Systemic</u> For all clients requiring mechanical supports, RNs will review and create individual plans regarding those supports and will train all necessary staff on those plans as needed. 12/21/15 &amp; on-going</p>	

Office of Health Care Assurance [redacted]	REPRESENTATIVE'S SIGNATURE  Director of Programs & Services	TITLE  6899 77BU11	(X6) DATE  12/17/15
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9 005	Continued From page 1 	9 005	<p>11-99-4(a) ACTIVE TREATMENT PROGRAM Continued</p> <p><u>Quality Assurance</u> RN will observe Home and ADH staff for compliance with using mechanical supports according to the new mechanical support plans for . RN will monitor this  weekly for 3 months starting the week of 12/14/15 and thereafter as needed. RN will document the findings of  observations in the RN's IEs. Based on RN's observations, RN will retrain staff on clients mechanical support plans as needed.</p> <p>Home Manager and ADH instructor to monitor use of mechanical supports according to clients mechanical support plans.</p> <p>RN will follow up with Home Manager and ADH instructor on the use of the mechanical supports according to clients plans at monthly meetings.</p> <p>RN will review all clients individual mechanical support plans annually and revise as needed.</p>	<p>12/14/15 &amp; on-going</p> <p>Daily</p> <p>Monthly</p> <p>Annually</p>

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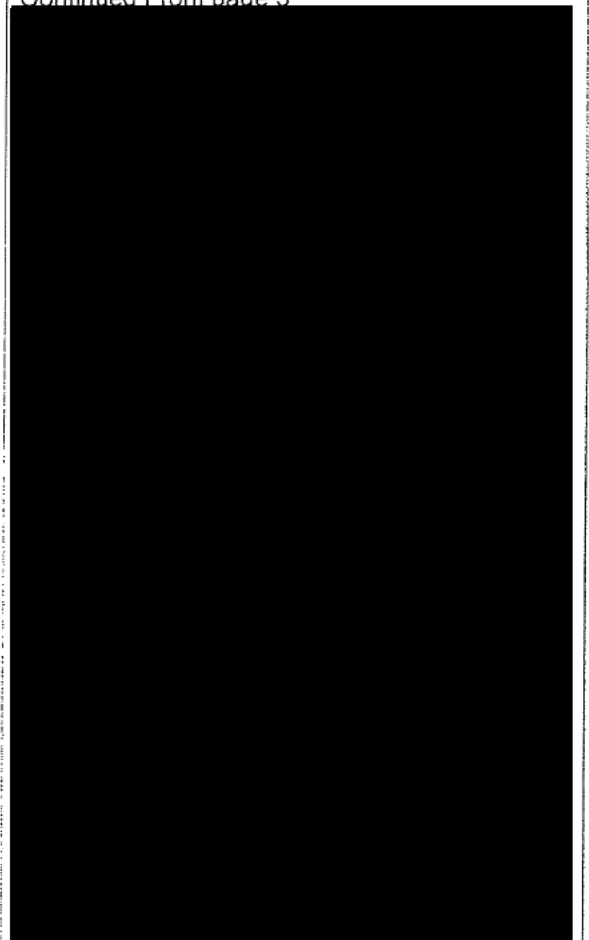




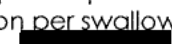

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9 005	Continued From page 2 	9 005	This page is intentionally left blank.	
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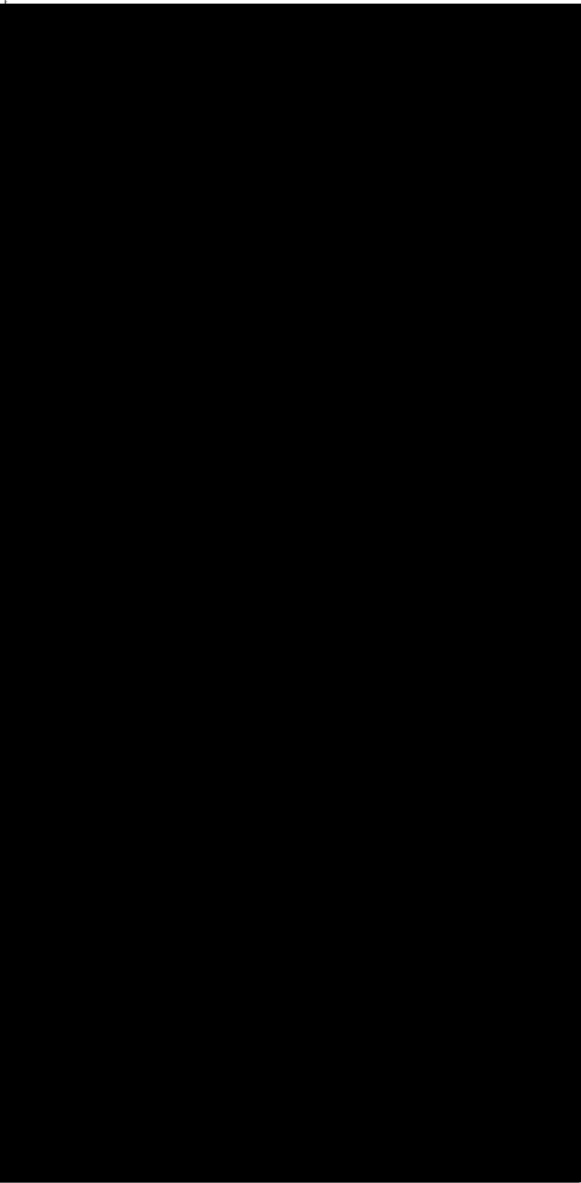


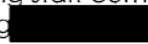
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9 005	Continued From page 3 	9 005	<p>11-99-4(a) ACTIVE TREATMENT PROGRAM Continued</p> <p>3) Plan of Correction RN reviewed  swallow guidelines with Home Manager on 11/6/15.</p> <p>Home Manager reviewed Speech Language Pathologist, SLP,  recommendations for  keeping client upright with chin level and using no more than 1/2tsp - 1tsp of food per bite with all home staff on 11/6/15 and 11/7/15.</p> <p></p> <p><u>Systemic</u> Nursing staff will review all ICF clients SLP/ Swallow guidelines and ensure all Home and ADH staff are trained on current SLP/swallow guidelines.</p> <p><u>Quality Assurance</u> RN will observe Home staff for compliance with swallow guidelines including use of appropriate spoon to ensure maximum portion per swallow is 1tsp or less and ensuring  chin is level during feeding. RN will monitor weekly for 3 months starting the week of 12/14/15 and thereafter as needed. RN will document the findings of  observations in the RN's IEs. Based on RN's observations, RN will</p>	<p>11/6/15</p> <p>11/7/15</p> <p>12/21/15</p> <p>12/21/15 &amp; on-going</p> <p>12/21/15 &amp; on-going</p>

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9 005	Continued From page 4 	9 005	11-99-4(a) ACTIVE TREATMENT PROGRAM Continued  retrain staff on  SLP/swallow guidelines as needed.  Home Manager to monitor staff compliance with following  SLP/swallow guidelines.  RN will follow up with Home Manager regarding staff compliance with following  SLP/swallow guidelines at monthly meetings.  RN to review SLP/swallow guidelines for all ICF clients annually and revise as needed.	Daily  Monthly  Annually
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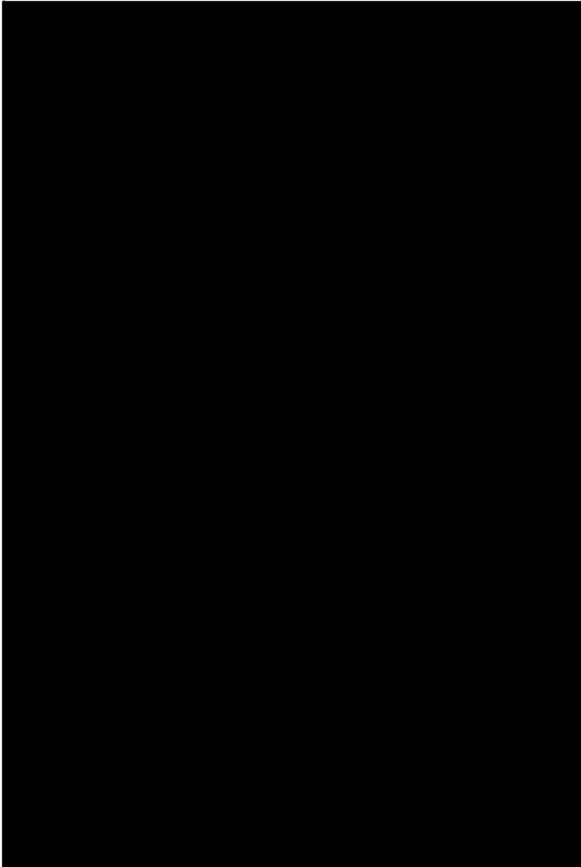
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9 005	Continued From page 5 	9 005	11-99-17(b)(2) Laundry Service  <u>Plan of Correction</u> Home Manager reviewed laundry practice with all staff in the home on 11/6 and 11/7. The practice of soaking soiled laundry in Pine-Sol was immediately discontinued.	11/7/15
9 160	11-99-17(b)(2) LAUNDRY SERVICE  Infectious laundry shall be handled in accordance with the provisions of section 325-7, HRS, relating to potentially infectious laundry. This Statute is not met as evidenced by: Based on observation, interview with staff members and review of directions for use, the facility failed to ensure the provision of a sanitary environment to avoid sources and transmission of infections.  Finding includes: 	9 160	Based on the Director of Nursing's extensive research of the CDC and APIC web sites, The Arc will revise its laundry policy to meet current laundry guidelines of the CDC and APIC emphasizing that staff read and follow manufacturers instructions.  <u>Systemic</u> Director of Nursing will review and retrain all Home Managers, then Home Managers will train all home staff on new laundry policy.  <u>Quality Assurance</u> Once all staff have been trained, Home Managers will monitor staff compliance with new laundry policy on a daily basis.  RN and Case Manager to monitor staff compliance with new laundry policy at quarterly home observations.	12/21/15  12/21/15 & on-going  Daily  Quarterly


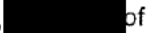




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9 160	Continued From page 6 	9 160	11-99-17(b)(2) Laundry Service Continued  ICF Program Manager to follow up with Home Managers, Case Managers, and RNs regarding compliance with new laundry policy at Home Managers meetings at least quarterly and will document discussion in Home Manager's meeting agenda.	
	The facility was not following the product directions for use to ensure sanitization of linen and clothing.		11-99-17(b)(3) Laundry Service  <u>Plan of Correction</u> Case Manager discussed with Home Manager and addressed the issue of clean linen such as table cloths requiring storage in an enclosed area. Home Manager immediately relocated clean table cloths to a hall closet and informed all home staff of the change.	11/7/15
9 161	11-99-17(b)(3) LAUNDRY SERVICE  Clean linen shall be stored in enclosed areas. This Statute is not met as evidenced by:	9 161	<u>Systemic</u> ICF Program Manager will send out a memo to all ICF Home Managers regarding the need to store all clean linens in enclosed areas.  <u>Quality Assurance</u> Home Managers will monitor staff compliance with keeping clean linen stored in an enclosed area on a daily basis.	12/16/15  Daily

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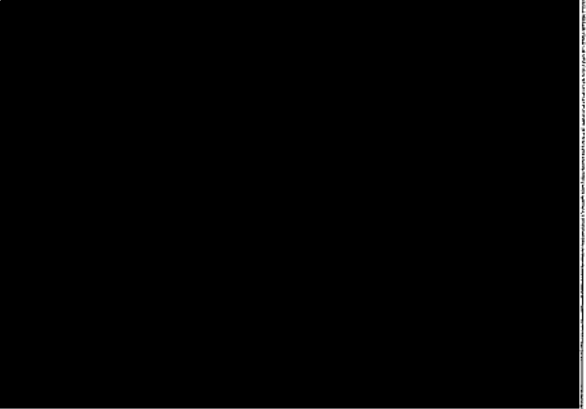

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9 161	Continued From page 7 Based on observation, the facility failed to ensure clean linen is stored in enclosed areas. Finding includes: 	9 161	11-99-17(b)(3) Laundry Service Continued RN and Case Manager to monitor staff quarterly compliance with linen storage at quarterly home observations. ICF Program Manager to follow up with Home Managers, Case Managers, and RNs regarding compliance with linen storage at Home Managers meetings at least quarterly and will document discussion in Home Manager's meeting agenda.	
9 216	11-99-24(b)(2) PSYCHOLOGICAL SERVICES Services shall include at least: An annual review of each resident and other reviews as may be deemed appropriate. This Statute is not met as evidenced by: Based on medical record review and staff interview, the facility failed to provide psychological services to one client,  of 3 clients reviewed. Findings include: 	9 216	11-99-24(b)(2) PSYCHOLOGICAL SERVICES <u>Plan of Correction</u> Case Manager contacted Psychologist to follow up on  current evaluation and explained that client needed their current Psychological evaluation immediately  Case Manager asked for immediate response from Psychologist who stated  would get the evaluation completed ASAP. As current Psychologist does sometimes get behind with annual psychological evaluations, Director of Nursing will research possible new Psychologists and see if clients insurances will cover expense. <u>Systemic</u> Case Managers will research all ICF client's Psychological Evaluation dates	12/21/15         12/21/15



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9 216	Continued From page 8 	9 216	11-99-24(b)(2) PSYCHOLOGICAL SERVICES Continued  and notify Psychologist, by submitting necessary documents, with enough advanced notice to have evaluations completed before their annual due date.  ICF Program Manager will create a spreadsheet to keep track of Psychological Evaluation due dates.	12/21/15
9 240	11-99-28(b) RESIDENT RECORD SYSTEM  If the supervisor of medical records is not a registered records administrator, or accredited record technician, there must be qualified consultation available. This Statute is not met as evidenced by: Based on a review of professional credentials and interview with staff members, the facility failed to ensure an accredited record technician is available for consultation.  Finding includes: 	9 240	<u>Quality Assurance</u> ICF Program Manager will review with Case Managers on a monthly basis, which client's Psychological Evaluation assessment documents should be sent out to Psychologist in order for their Psychological Evaluations to be received before their annual due date. Program Manager will document this in the spreadsheet.  Case Managers to follow up with Psychologist on a quarterly basis to obtain current Psychological Evaluations through e-mail or phone calls.  9 240 11-99-28(b) RESIDENT RECORD SYSTEM  <u>Plan of Correction</u> The facility is looking into accredited medical records technicians available for consultation. The Executive Director is making calls to similar facilities asking for referrals for Medical Records Technicians.	Monthly          Quarterly       12/21/15 & on-going

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9 279	<p>11-99-29(a)(10) RESIDENT'S RIGHTS</p> <p>Written policies regarding the rights and responsibilities of residents during their stay in the facility shall be established and shall be made available to the resident, to any guardian, next of kin, sponsoring agency or representative payee, and to the public. The facility's policies and procedures shall provide that each individual admitted to the facility shall:</p> <p>Be treated with consideration, respect and full recognition of their dignity and individuality, including privacy in treatment and in care.</p> <p>This Statute is not met as evidenced by: Based on observation and interview with staff members, the facility failed to promote the growth and development for 1 [REDACTED] of 3 clients in the active sample.</p> <p>Finding includes: [REDACTED]</p>	9 279	<p>11-99-28(b) RESIDENT RECORD SYSTEM Continued</p> <p><u>Systemic</u> Once a medical records technician is secured, facility will ensure all ICF records are reviewed at least annually and that the Medical Records Technician is retained.</p> <p><u>Quality Assurance</u> Director of Programs and Services and Executive Director will review and renew contract with Medical Records Technician as needed.</p> <p>9 279 11-99-29(a)(10) RESIDENT'S RIGHTS</p> <p><u>Plan of Correction</u> In order to promote client dignity and inclusion, the facility will provide an adequate dining table to accommodate all clients in the KA home at meal time.</p> <p><u>Systemic</u> Case Managers and Administrative staff will ensure that all dining tables are adequate within each home to provide each client with dignity and inclusion during meal times.</p> <p><u>Quality Assurance</u> Case Managers will monitor adequacy of dining furniture in each home at quarterly observations.</p> <p>ICF Program Manager will monitor adequacy of dining furniture in each home annually.</p>	<p>Annually &amp; on-going</p> <p>Annually</p> <p>12/21/15</p> <p>Quarterly</p> <p>Annually</p>