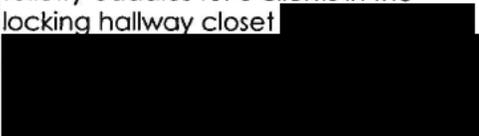


Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2015
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NAME OF PROVIDER OR SUPPLIER
THE ARC IN HAWAII - WAHIAWA A

STREET ADDRESS, CITY, STATE, ZIP CODE
140-A KUAHIWI AVENUE
WAHIAWA, HI 96786

(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
9 000	INITIAL COMMENTS A re-licensure survey was conducted by the Hawaii State Survey Agency from March 4 to 6, 2015. The facility was licensed for 4 beds and the census was 4 clients throughout the survey.	9 000	9 073 11-99-7(l)(2) CONSTRUCTION REQUIREMENTS PLAN OF CORRECTION All clients toiletry caddy's not currently kept in their personal bedroom's were moved to the locking hallway closet by 4/13/15.	4/13/15
9 073	11-99-7(l)(2) CONSTRUCTION REQUIREMENTS Space, conveniently located, for other equipment shall be provided. This Statute is not met as evidenced by: Based on observations and staff interviews the storage cabinet for the clients' toiletries was not suitable for proper storage of toiletries. Findings include: 	9 073	The metal storage cabinet that was used to store toiletries was removed from the home by 4/13/15. Home staff were trained to keep all toiletry caddies for 3 clients in the locking hallway closet  SYSTEMIC ICF PM will discuss with all ICF Home Managers at the next ICF HM meeting on 5/27/15 to ensure that any storage unit in the home should lock properly and be free from damage and rust and should be fixed or replaced if needed.	4/13/15 4/28/15 5/27/15
9 085	11-99-9(c)(2) DIETETIC SERVICES Modified or therapeutic diets shall be: Planned, prepared, and served by	9 085	9 085 11-99-9(c)(2) DIETETIC SERVICES PLAN OF CORRECTION 	3/9/15

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 DEPARTMENT OF HEALTH
 OFFICE OF HEALTH CARE ASSURANCE

Office of Health Care Assurance

DIRECTOR'S SIGNATURE

TITLE

(X6) DATE

Director of Programs + Services

4/29/15

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If continuation sheet 1 of 9

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Hawaii Dept. of Health, Office of Health Care Assurance

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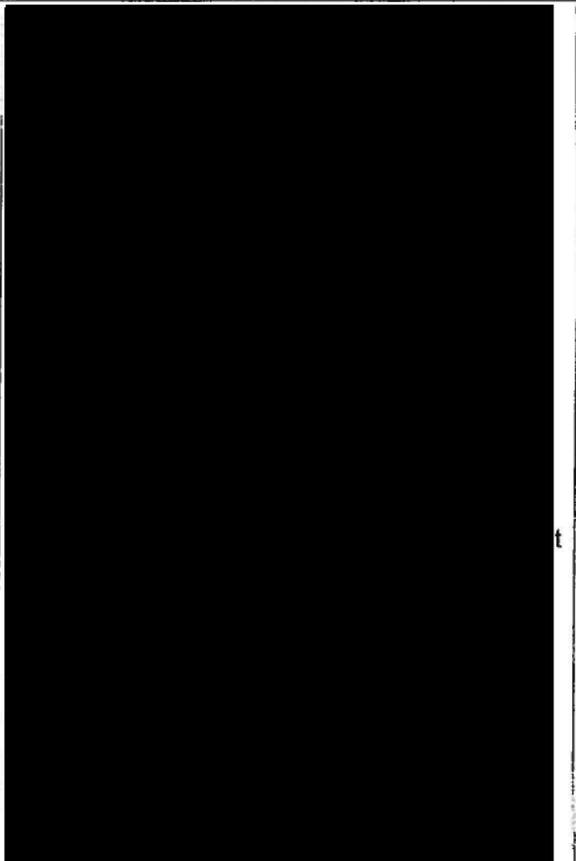
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9 085	Continued From page 1 qualified personnel. This Statute is not met as evidenced by: Based on observation, staff interview, and record review the facility did not provide food in a form consistent with the developmental level of one Client, [REDACTED] of 2 Clients sampled. Findings include: [REDACTED]	9 085	9 085 11-99-9(c)(2) DIETETIC SERVICES CONTINUED [REDACTED] RN went over [REDACTED] diet guidelines, recommendations, and eating protocol with ADH staff and the home staff that prepare most of the meals and snacks in the home on 3/9/15. RN will train all home staff on [REDACTED] diet guidelines, recommendations, and eating protocol by 5/31/15. SYSTEMIC Director of Nursing will communicate with all ICF Home Managers at the next ICF HM meeting on 5/27/15, that they need to ensure all client's diet guidelines and eating protocols are followed for the health and safety of all clients. QUALITY ASSURANCE HM to monitor daily. RN to monitor quarterly.	3/9/15 3/9/15 5/31/15 5/27/15 Daily Quarterly

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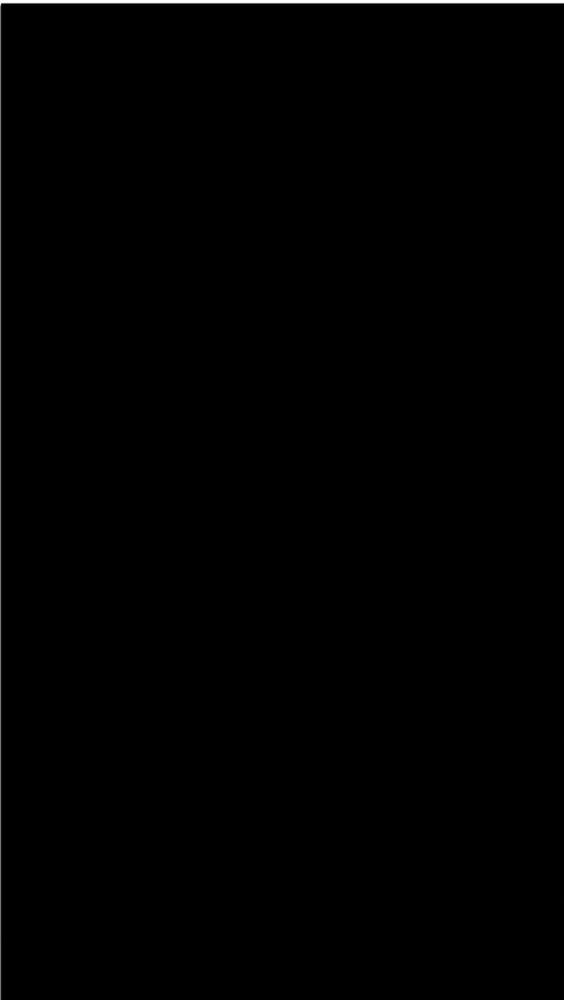
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9 085		9 085	<p>9 109 11-99-11(c)(2) RESIDENT DAILY LIVING CARE AND TRAINING</p> <p>1 & 2) PLAN OF CORRECTION Acting Home Manager immediately instructed all home staff to accompany clients to the sink to wash their hands and ensure they are washing their hands with hand soap by 3/9/15.</p> <p>A liquid soap dispenser will be installed at the bathroom sink to ensure easy access to hand soap while minimizing the possibility of clients emptying soap container by 5/31/15.</p>	3/9/15 5/31/15
9 109	<p>11-99-11(c)(2) RESIDENT DAILY LIVING CARE AND TRAINING</p> <p>The facility staff shall provide at least the following:</p> <p>Physical care and assistance to keep residents clean, comfortable, well-groomed, and protected from accidents and infections. This Statute is not met as evidenced by:</p>	9 109	<p>Home staff were trained to go to the sink with each client when it is time to wash their hands to ensure their hand washing programs are being followed as written. Staff were trained to assist each client to use hand soap to wash their hands thoroughly for at least 20 seconds providing physical assistance as needed on 4/28/15.</p>	4/28/15

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9 109	<p>Continued From page 3</p> <p>Based on observations, staff interviews and facility policy review, the facility did not maintain a sanitary environment for clients.</p> <p>Findings include:</p> 	9 109	<p>9 109 11-99-11(c)(2) RESIDENT DAILY LIVING CARE AND TRAINING CONTINUED</p> <p>SYSTEMIC Director of Nursing will review infection Control in regards to proper hand washing guidelines with all ICF Home Managers at the next ICF HM meeting on 5/27/15.</p> <p>QUALITY ASSURANCE HM to monitor daily. CM or RN to monitor quarterly.</p> <p>3) PLAN OF CORRECTION Acting Home Manager immediately opened 4 brand new tubes of toothpaste and clearly labeled each tube with clients names and put their tubes of toothpaste in their individual toiletry caddy's on 3/6/15.</p> <p>Home staff were trained to not share personal hygiene items such as toothpaste, combs, deodorant, etc. between clients and to maintain clearly labeled personal hygiene items in each clients individual toiletry caddy's on 4/28/15.</p> <p>SYSTEMIC Director of Nursing will review Infection Control in regards to proper storing of personal hygiene items and preventing cross contamination with all ICF Home Managers at the next ICF HM meeting on 5/27/15.</p>	<p>5/27/15</p> <p>Daily Quarterly</p> <p>3/6/15</p> <p>4/28/15</p> <p>5/27/15</p>

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9 109	Continued From page 4 	9 109	9 109 11-99-11(c)(2) RESIDENT DAILY LIVING CARE AND TRAINING CONTINUED QUALITY ASSURANCE HM to monitor daily. CM or RN to monitor quarterly.	Daily Quarterly
			9 146 11-99-14(e) HOUSEKEEPING PLAN OF CORRECTION The Arc's Facilities department replaced the missing and cracked floor tiles in the living room by 4/13/15.	4/13/15
9 146	11-99-14(e) HOUSEKEEPING All floors, walls, ceilings, windows, furnishings, and fixtures shall be kept clean and in good repair. This Statute is not met as evidenced by: Based on observations and staff interviews the home's tiled flooring surface was not maintained in a sanitary condition.	9 146	New Home Manager started on 4/12/15. Prior to  start date  was trained to submit maintenance request for any damage seen in the home to the Facilities Manager on 4/3/15. Home Manager implemented having staff scrub tile floors in the home with comet and stains have been minimized by 4/20/15.	4/3/15 4/20/15

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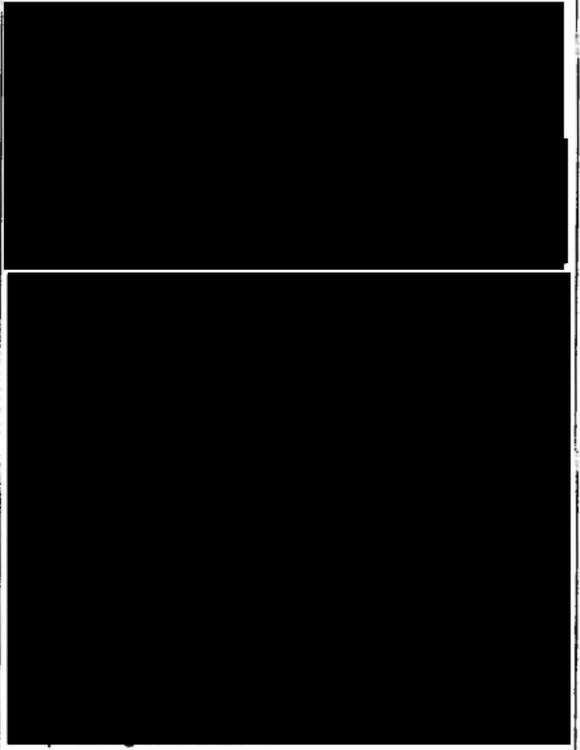
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9 146	Continued From page 5 Findings include: On 03/04/2015 at 3:30 PM, observed that there were cracked and missing pieces of tile along the floor surface edge of the sliding door in the living room. There were also stained tiles of the flooring surface between the two bathrooms. In room 2 there were stained tiles of the floor surface in front of the window, and the discoloration extended to the wall surface close to the floor beneath the window.	9 146	9 146 11-99-14(e) HOUSEKEEPING CONTINUED HM has been instructed to submit maintenance request to Facilities department for the stained tiles if scrubbing with comet alone does not remove the stains on 4/28/15. If stains do not come out after multiple attempts of staff scrubbing the tile with comet, HM will submit a maintenance request to the Facilities Manager for a thorough cleaning of the stained tiles by 5/31/15.	4/28/15 5/31/15
9 270	11-99-29(a)(1) RESIDENT'S RIGHTS 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: Be fully informed, as evidenced by the resident's or guardian's written, signed acknowledgment prior to or at the time of admission and during stay, of these rights and of all regulations governing resident conduct. This Statute is not met as evidenced by: Based on observations and staff interviews the facility failed to ensure privacy in the clients' home by placing video cameras in their living room and dining area without written consent from the clients/guardians.	9 270	SYSTEMIC ICF PM will discuss with all ICF Home Managers at the next ICF HM meeting on 5/27/15 that missing, cracked, or stubborn stains on tiles should be reported to Facilities Manager for immediate repair. QUALITY ASSURANCE HM to monitor daily. CM to monitor quarterly.	5/27/15 Daily Quarterly

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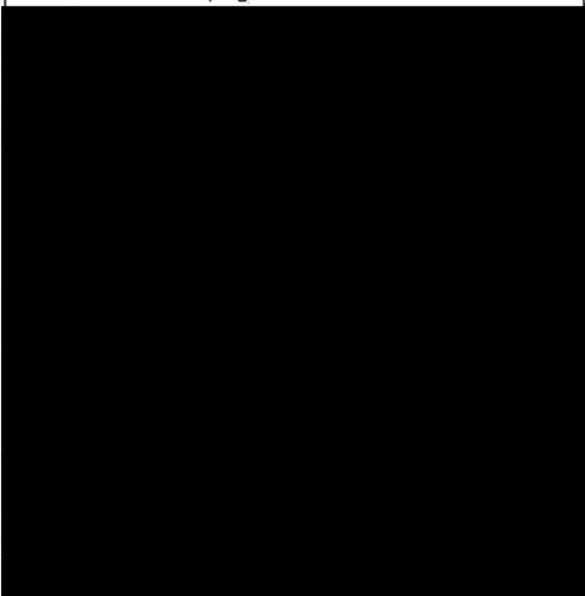
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9 270	Continued From page 6 Findings include: 	9 270	<p>9 270 11-99-29(a)(1) RESIDENT'S RIGHTS</p> <p>PLAN OF CORRECTION The Arc in Hawaii immediately obtained verbal consent regarding the use of electronic security measures in the common areas of the home from all guardians of the Wahiawa A residents by 3/20/15.</p> <p>The Arc in Hawaii will receive written consent for the use of electronic security measures in the common areas of the Wahiawa A home from all guardians of residents in the home by 5/31/15.</p> <p>SYSTEMIC The use of electronic security measures in the Arc's ICF homes was reviewed and approved by the Arc's Human Rights Committee on 3/30/15.</p> <p>Verbal consent followed by written consent will be obtained and clearly documented prior to installing electronic security measures in any Arc ICF home.</p> <p>QUALITY ASSURANCE ICF Program Manager to monitor Annually.</p>	<p>3/20/15</p> <p>5/31/15</p> <p>3/30/15</p> <p>on going</p> <p>annually</p>

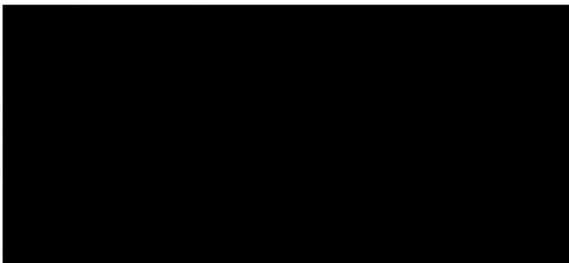
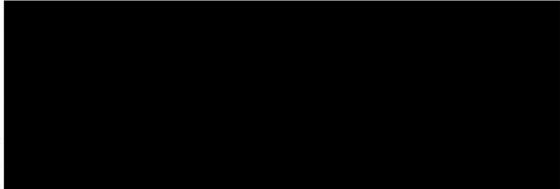
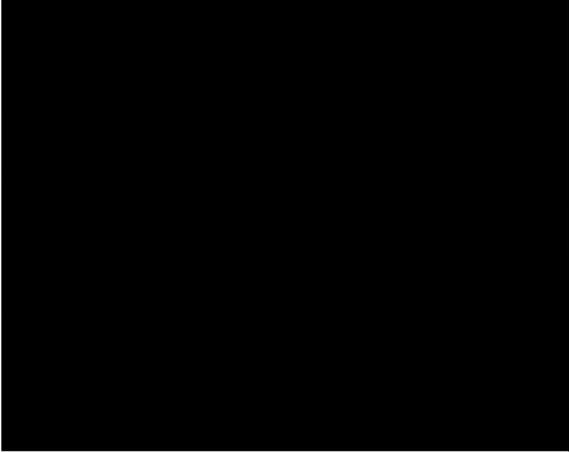
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9 270	Continued From page 7 	9 270		
9 279	<p>11-99-29(a)(10) RESIDENT'S RIGHTS</p> <p>Written policies regarding the rights and responsibilities of residents during their stay in the facility shall be established and shall be made available to the 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:</p>	9 279	<p>9 279 11-99-29(a)(10)RESIDENTS RIGHTS</p> <p>PLAN OF CORRECTION Acting Home Manager reviewed client's rights with all home staff particularly as it pertains to keeping conversations regarding confidential client information confidential by 3/9/15.</p> <p>Home staff were trained on client's right to privacy and treating client's with dignity and respect. Staff were given scenarios and examples of how to communicate with participants and each other when dealing with personal and confidential subject matter on 4/28/15.</p> <p>SYSTEMIC ICF Program Manager will review client's right to privacy and treating client's with dignity and respect with all ICF Home Managers at the next ICF HM meeting on 5/27/15.</p> <p>QUALITY ASSURANCE HM to monitor daily. CM to monitor quarterly.</p>	<p>3/9/15</p> <p>4/28/15</p> <p>5/27/15</p> <p>Daily Quarterly</p>

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9 279	Continued From page 8 Based on observations, staff interviews and facility policy review, the facility failed to ensure clients' privacy by discussing personal information in the presence of other clients. Findings include:   	9 279	This page intentionally left blank.	