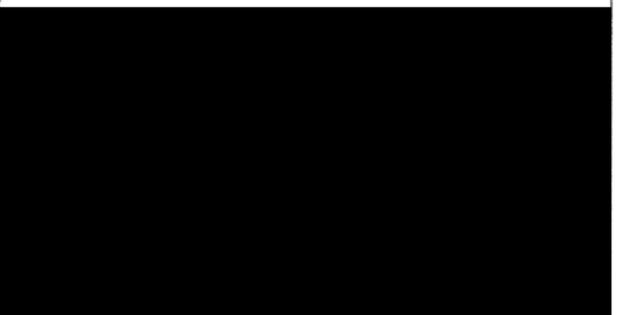


Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ RECEIVED B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2016
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NAME OF PROVIDER OR SUPPLIER OPPORTUNITIES AND RESOURCES, INC (HOL	STREET ADDRESS, CITY, STATE, ZIP CODE 64-1510 KAMEHAMEHA HIGHWAY WAHIAWA, HI 96786
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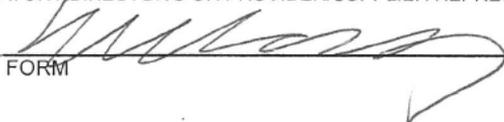
9 000	INITIAL COMMENTS A licensure survey was conducted from 5/10/16 through 5/12/16. The facility is licensed for 5 beds. The census at the time of the survey was 4.	9 000		
9 005	11-99-4(a) ACTIVE TREATMENT PROGRAM A plan of treatment shall be developed and implemented for each resident in order to help the residents function at their greatest physical, intellectual, social, emotional, and vocational level. This Statute is not met as evidenced by: Based on record reviews and interviews the facility failed to provide a continuous program to develop community living skills involving the purchase of items while in the community. Finding includes:  	9 005	On 5/24/2016, the Administrator reminded the direct care staff on the proper implementation of client #2's, overall active treatment training to function at  greatest physical, intellectual, social, emotional, and vocational level. All direct care staff's received an in-service training from the Administrator and stressed the rationale and importance of consistency in implementing the active treatment training program plans for each client. Regular in-service training will be conducted by the Administrator to all direct care staff's and case managers on an as needed basis and at least annually. The Administrator reminded case managers to continue to monitor all direct care staff's periodically and at least once a week during caregiver's weekly meetings to ensure direct care staff's provide a continuous program for all clients to develop community living skills involving the purchase of items while in the community.	5/24/16

Office of Health Care Assurance

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



President & CEO

5/27/2016

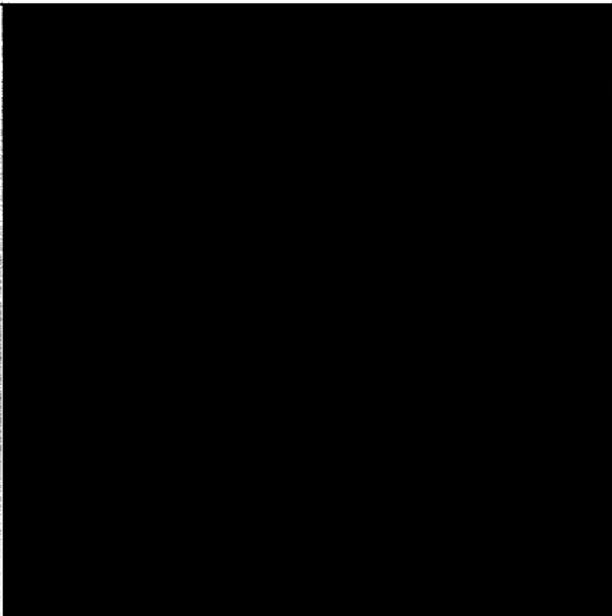
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9 005



9 005

9 088

11-99-9(d)(1)(B) DIETETIC SERVICES

Menus:

Shall provide a sufficient variety of foods in adequate amounts at each meal, and adjusted for seasonal changes, along with resident's preferences as much as possible. This Statute is not met as evidenced by: Based on observations and staff interviews the facility failed to provide an individual program plan for the 4 clients in the home to include opportunities for choices and self-management.

Findings include:

9 088

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9 088	Continued From page 2   	9 088	On 5/24/2016, the Administrator had an in-service training with the direct care staff in providing  clients, the opportunity for choices of meal management and serves themselves as they able and the opportunity to offer an activity that interests them. Retraining emphasized informal training in which direct care staffs are expected to encourage each client to be involved with their own mealtime management to the extent to which they are able. Regular in-service training will continue to be provided by the Administrator to all caregivers on an as needed basis and at least annually. The Administrator reminded case managers to continue to monitor direct care staffs periodically and at least once weekly during breakfast time to ensure direct care staff's continue encouraging all clients to do as much as possible for themselves as they are able.	5/24/16
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:	9 091		

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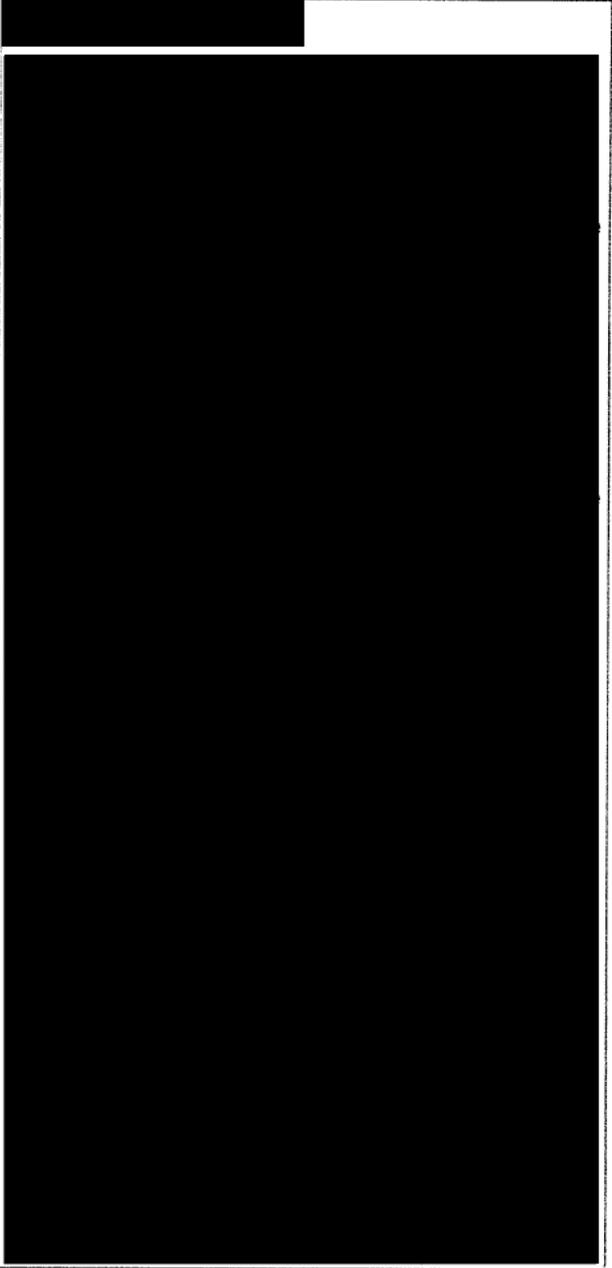
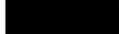
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9 091	Continued From page 3 Based on observations and interviews the facility failed to store frozen foods under sanitary conditions. Finding includes: On 5/11/16 found in the freezer section of the home were several bags of plastic quart sized battered nuggets, sausages, and waffles. When asked the Caregiver stated the food items have been rebagged. All of the bagged foods were not labeled to identify the food type and expiration/use by date. In an interview with the Administrator over the food storage policy, the Administrator shared the food items should have been labeled and dated.	9 091	On 5/24/2016, the Administrator had an in-service training with the direct care staff in the preparation, distribution and serving clients food under sanitary conditions. Retraining emphasized informal training in which direct care staffs are expected to label, identify the food type and expiration/use date of foods that they re-bagged for individual clients snacks. Regular in-service training will continue to be provided by the Administrator to all caregivers on an as needed basis and at least annually. The Administrator reminded case managers during Tuesday's weekly meetings to continue to monitor direct care staffs periodically and at least once weekly to ensure direct care staff's label, identify the food type and expiration/use by date of any foods that they re-bagged for all clients.	5/24/16
9 107	11-99-11(b) RESIDENT DAILY LIVING CARE AND TRAINING 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. This Statute is not met as evidenced by: Based on observations, staff interviews and record review, the facility failed to ensure that the active treatment program was continuous and consistent, with specialized training necessary for the clients to function with as much self determination and independence as possible. Findings include: 	9 107		

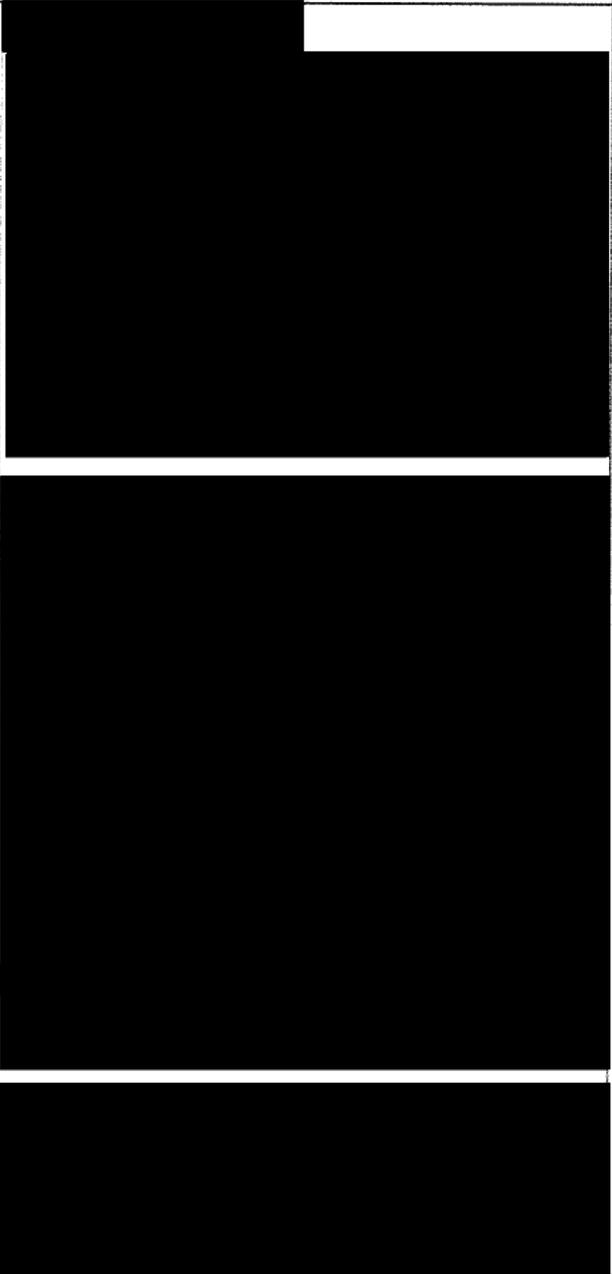
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9 107		9 107	<p>On 5/24/2016, the Administrator reminded the direct care staff on the proper implementation of client #1's, overall active treatment training to be continuous and consistent  to function with as much self-determination and independence as possible. All direct care staff's received an in-service training from the Administrator and stressed the rationale and importance of consistency in implementing the active treatment training program plans for each client. Regular in-service training will be conducted by the Administrator to all direct care staff's on an as needed basis and at least annually. The Administrator reminded case managers to continue to monitor all direct care staff's periodically and at least once a week during caregiver's weekly meetings to ensure that the client's active treatment training program plans is continuous and consistent with specialized training necessary for them to function with as much self-determination and independence as possible.</p>	5/24/16

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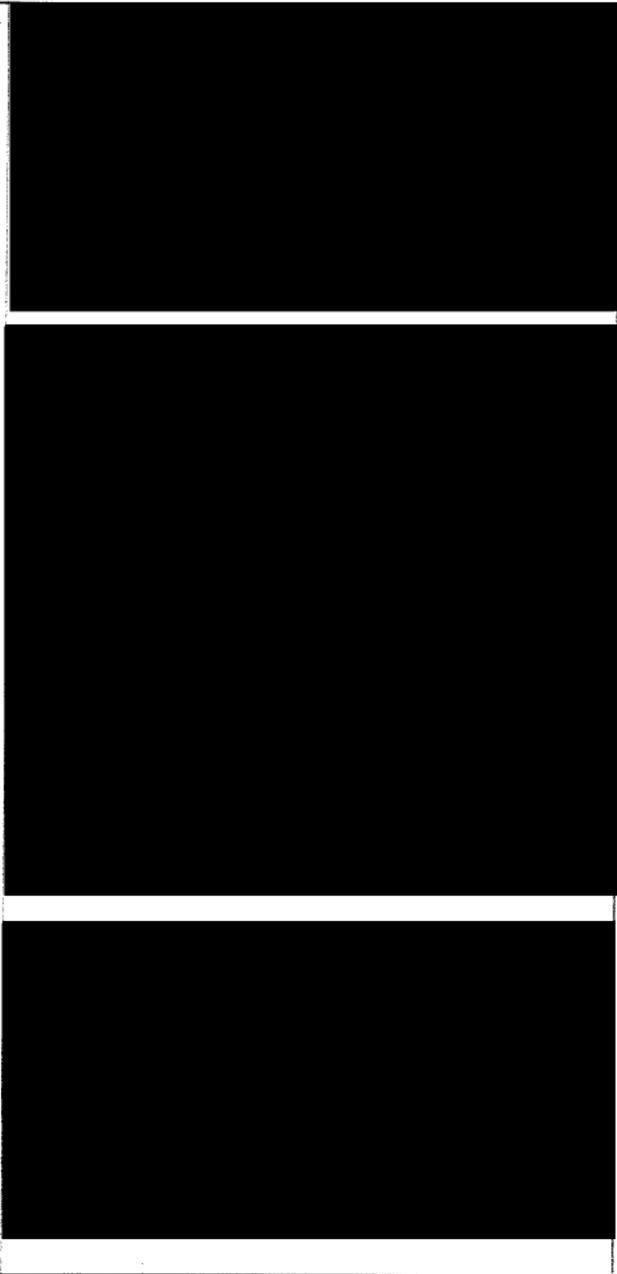
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9 107		9 107		
9 146	<p>11-99-14(e) HOUSEKEEPING</p> <p>All floors, walls, ceilings, windows, furnishings, and fixtures shall be kept clean and in good repair. This Statute is not met as evidenced by: Based on observations and staff interviews the facility failed to provide a sanitary environment for clients in the home.</p> <p>Findings include: In an observation of the home on 5/11/16, it was noted that the walls in the home were very dirty throughout the home, but most clearly noticeable in the living room and client # 3's room. The floor in client #3's room had very large dark stains in several areas. The living room window above the entrance was very cloudy and dirty, and the fluorescent light in the living room was dusty inside with a large amount of dried bugs spread</p>	9 1	<p>The Administrator immediately issued a work order to the maintenance personnel on 5/16/2016, for the repainting of the walls, cleaning of the living room window above the entrance and cleaning the fluorescent light in the living room with dried bugs spreading across the light cover. The Administrator reminded the maintenance personnel to inspect the facility on a regular basis to ensure that the physical plant will be in good condition at all times and a safe sanitary environment for all clients in the home. Direct care staffs were also reminded to report to the case manager if they observe anything that needs repair and anything needing cleaning and repainting. The QMRP will continue to monitor direct care staffs periodically in the home to ensure that anything needing repaintings or cleaning must be done at once.</p>	5/16/2016

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9 146	Continued From page 8 across the light cover.	9 146		
9 151	<p>11-99-15(b) INFECTION CONTROL</p> <p>There shall be appropriate policies and procedures written and implemented for the prevention and control of infections and the isolation of infectious residents.</p> <p>This Statute is not met as evidenced by: Based on observations, interviews, and policy review the facility failed to ensure handwashing policy and practices are followed for the control of communicable diseases and infections for 4 of the clients in the home.</p> <p>Findings include:</p> <div style="background-color: black; height: 150px; width: 100%;"></div>	9 151	<p>On 5/24/2016, the Nurse reminded the direct care staff and the day program staff on the proper implementation of hand washing or sanitizing for all clients. All ORI staff's received re-training in sanitation and infection control from the Nurse with emphasis on hand washing to prevent and control infection and communicable diseases. Regular in-service training will continue to be provided by the Nurse to all caregivers and especially to the direct care staff whenever there is a need and at least annually for the prevention and control of communicable diseases. The Nurse will continue to monitor direct care staff's periodically and least once a week during Tuesday's caregivers meeting to ensure proper sanitation and infection control methods are properly implemented for the prevention of communicable diseases.</p>	5/24/16

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9 151	 <p>A review of the Infection Control Hand washing policy procedure found and outdated Handwashing instruction to moisten and wash hands using friction for 1 minute. In an interview with the Case Manager and Administrator 5/12/16 at 9:30 AM both agreed that handwashing training will need to take place to prevent the spread of infections.</p> 	9 151		
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>	9 279		

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9 279	<p>Continued From page 10</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 interviews the facility failed to assure that one client ate in a manner consistent with [REDACTED] developmental level.</p> <p>Finding includes: [REDACTED]</p>	9 279	<p>On 5/24/2016, The Administrator conducted an in-service training to all caregivers on client's rights and privacy consistent with their developmental level. Training in an atmospheric environment was emphasized to all caregivers wherein clients should be eating together in a family style dining manner and whoever assists feeding clients should sit down with the client. Regular in-service training will be conducted by the Administrator to all direct care staffs on the facility's policies and procedures so that clients be treated with consideration, respect and full recognition of their dignity in a manner consistent with their developmental level. The Administrator reminded case managers to continue to monitor all direct care staff's periodically and at least once a week during caregiver's weekly meetings to ensure that the client's rights and privacy consistent with their developmental level is properly implemented.</p>	5/24/16
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