

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2016
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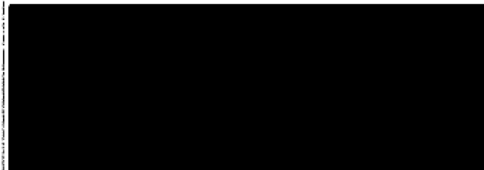
NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - KAIMUKI B	STREET ADDRESS, CITY, STATE, ZIP CODE 811 19TH AVENUE HONOLULU, HI 96816
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
9 051	Continued From page 1 with this waiver request.	9 051		
9 175	<p>11-99-20(c)(1) NURSING SERVICES</p> <p>In facilities with residents requiring nursing services, the following additional care shall be provided:</p> <p>Administration and recording of all medications and other orders prescribed by the physician. This Statute is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that medications used for behavior management for 1 of 5 residents were not ordered on a PRN basis.</p> <p>Finding includes:</p> <div style="background-color: black; width: 100%; height: 150px; margin-top: 5px;"></div>	9 175	<p>11-99-20(c)(1) NURSING SERVICES</p> <p>PLAN OF CORRECTION RN reviewed Client # 1's medications and discontinued Client #1's PRN [REDACTED]</p> <p>SYSTEMIC To prevent similar situations like this happening in the KB home or in any of the ICF homes, RN's and Nurse Manager will complete quarterly reviews of all participants Physicians Order's (PO's) to reconcile them with medications on hand and ensure discontinued medications are removed from PO's and the Med Mar in a timely manner.</p> <p>QUALITY ASSURANCE RN will monitor and review PO's and make changes as needed.</p> <p>Nurse Manager will review PO's with RN's and monitor for any changes or concerns.</p> <p>ICF Program Manager will follow up with Nurse Manager biannually to ensure quarterly audits on PO's are completed.</p>	<p>4/28/16</p> <p>Quarterly</p> <p>On-going</p> <p>Quarterly</p> <p>Biannually</p>

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9 175	Continued From page 2 	9 175		
9 179	<p>11-99-20(c)(5) NURSING SERVICES</p> <p>In facilities with residents requiring nursing services, the following additional care shall be provided:</p> <p>Regular documentation in the resident record of all services rendered.</p> <p>This Statute is not met as evidenced by: Based on observations, record reviews and staff interview, the facility failed to ensure that the clients' Health Maintenance Plans (HMP) were revised timely with appropriate interventions included to assure that nursing services would be provided with a record of all services rendered for 1 of 5 clients in the case sample, and, failed to ensure that nursing services must include a review of their health status which must be on a quarterly or more frequent basis depending on client need for 5 of 5 clients in the case sample.</p> <p>Findings include:</p> 	9 179	<p>11-99-20(c)(5) NURSING SERVICES</p> <p>1) PLAN OF CORRECTION Client #3's HMP was revised by RN  </p> <p>RN to create and implement a tickler system to ensure ancillary changes are updated across all documents in all settings.</p> <p>SYSTEMIC All ICF RN's will use the tickler system to make sure ancillary changes are updated across all documents in all settings.</p> <p>RN's will also complete a biannual Nursing Record review of all ICF participants to ensure any and all discrepancies in documentation are caught and changed in a timely manner.</p> <p>QUALITY ASSURANCE RN will monitor ancillary changes of each client's needs and make changes as needed to all necessary documents.</p>	<p>4/29/16</p> <p>6/3/16</p> <p>6/15/16</p> <p>Biannually</p> <p>On-going</p>

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9 179	Continued From page 3 	9 179	<p>11-99-20(c)(5) NURSING SERVICES Continued</p> <p>Nurse Manager to follow up with RN's on the use of their tickler for ancillary changes and their biannual record review at least every 6 months.</p> <p>2) PLAN OF CORRECTION In 2015, RN's started completing monthly reports for all participants. However, these monthly reports did not include the quarterly RN physical exam. The new Nurser Manager and RN's have already changed back to completing a quarterly Nursing exam for each ICF participant and the RN completed the KB client's Nursing Quarterlies from January to March of 2016 in April 2016. These Nursing Quarterlies included the RN's quarterly physical exam.</p> <p>SYSTEMIC Nursing Quarterlies for all ICF participants will be completed going forward as required every 90 days and will include the RN's physical exam of each participant.</p> <p>QUALITY ASSURANCE Nurse Manager to follow up with each RN and review their Nursing Quarterlies at least every 6 months.</p> <p>ICF Program Manager will follow up with Nurse Manager biannually to ensure quarterlies are completed.</p>	<p>Biannually</p> <p>4/29/16</p> <p>Quarterly</p> <p>Biannually</p> <p>Biannually</p>
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