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
	12G027	A. BUILDING: ______ B. WING ______	04/29/2016

RECEIVED
2016 MAY 27 P 4: 04
STATE OF HAWAII
DOH-MEDICARE

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARC IN HAWAII - KAIMUKI B	811 19TH AVENUE HONOLULU, HI 96816

(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 state relicensure survey was conducted at the facility from 4/27 - 4/29/16. At the time of entrance, there were 5 clients residing in the Kaimuki B home.	9 000		
9 051	11-99-7(e)(4) CONSTRUCTION REQUIREMENTS Single resident rooms shall measure at least ninety square feet of usable space, excluding closets, bathrooms, alcoves, and entryways. This Statute is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure a single resident room shall measure at least ninety square feet of usable space, excluding closets, bathrooms, alcoves, and entryways. Finding includes: Observation of Client #3's bedroom found it to be a single client bedroom located at the southeast corner of the home. This client's bedroom however, does not meet the State construction requirement that it measure at least 90 square feet. A re-measurement of this room on 4/29/16 performed by the Maintenance supervisor found that it is 87.56 square feet, with the door swing deducted. The facility has requested a renewal of an annual waiver for this client's bedroom as a result of the room size not meeting the State construction requirement at this regulation. A letter dated 1/19/16 was submitted by the facility's Executive Director to the State Agency in this regard. The re-licensure survey verified this waiver request. There is no threat to Client #3's health and safety	9 051	11-99-7(e)(4) CONSTRUCTION REQUIREMENTS The Arc in Hawaii seeks a construction requirements waiver annually for Client #3's bedroom. This bedroom located at the southeast corner of the home measures 87 square feet which does not meet the minimum requirement of 90 square feet for a single resident room. Please find attached, the request for a waiver of state requirements 9 051 regarding the minimum square footage of a single resident room dated January 19, 2016. This waiver request was sent to [redacted] the State of Hawaii, Department of Health, Office of Health Care Assurance. Client #3 has been living in this bedroom since [redacted] The shortage of less than 3 square feet does not hinder the health and safety of Client #3 in any way.	Annually 1/19/16

Office of Health Care Assurance

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Christie Menz	Director of Programs + Services	5/25/16

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9 051	Continued From page 1 with this waiver request.	9 051		
9 175	11-99-20(c)(1) NURSING SERVICES In facilities with residents requiring nursing services, the following additional care shall be provided: 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. Finding includes:	9 175	11-99-20(c)(1) NURSING SERVICES PLAN OF CORRECTION RN reviewed Client # 1's medications and discontinued Client #1's PRN	4/28/16
			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.	Quarterly
			QUALITY ASSURANCE RN will monitor and review PO's and make changes as needed.	On-going
			Nurse Manager will review PO's with RN's and monitor for any changes or concerns.	Quarterly
			ICF Program Manager will follow up with Nurse Manager biannually to ensure quarterly audits on PO's are completed.	Biannually

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9 175	Continued From page 2 [redacted]	9 175		
9 179	11-99-20(c)(5) NURSING SERVICES In facilities with residents requiring nursing services, the following additional care shall be provided: Regular documentation in the resident record of all services rendered. 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. Findings include: [redacted]	9 179	11-99-20(c)(5) NURSING SERVICES 1) PLAN OF CORRECTION Client #3's HMP was revised by RN [redacted]	4/29/16
			RN to create and implement a tickler system to ensure ancillary changes are updated across all documents in all settings.	6/3/16
			SYSTEMIC All ICF RN's will use the tickler system to make sure ancillary changes are updated across all documents in all settings.	6/15/16
			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.	Biannually
			QUALITY ASSURANCE RN will monitor ancillary changes of each client's needs and make changes as needed to all necessary documents.	On-going

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9 179	Continued From page 3	9 179	11-99-20(c)(5) NURSING SERVICES Continued	
			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.	Biannually
			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.	4/29/16
			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.	Quarterly
			QUALITY ASSURANCE Nurse Manager to follow up with each RN and review their Nursing Quarterlies at least every 6 months.	Biannually
			ICF Program Manager will follow up with Nurse Manager biannually to ensure quarterlies are completed.	Biannually

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9 179	Continued From page 4	9 179	This page intentionally left blank.	