

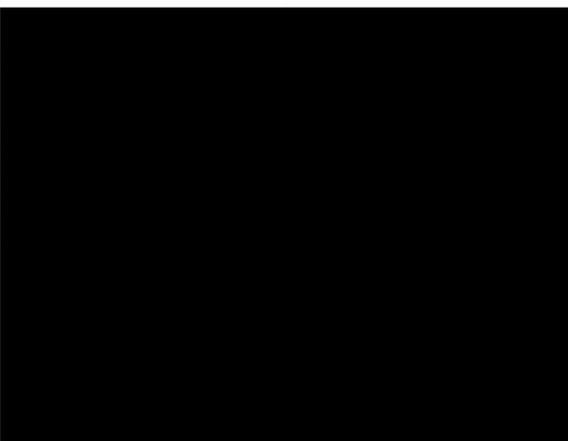
Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION Amended	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/03/2016
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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**

STATE OF HAWAII
DOH-OHCA MEDICARE

(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 re-licensure survey was conducted at the facility from June 1, 2016 through June 3, 2016. At the time of entrance there were 4 clients living in the Wahiawa A home.	9 000		
9 110	11-99-11(c)(3) RESIDENT DAILY LIVING CARE AND TRAINING The facility staff shall provide at least the following: Necessary assistance to ensure that the residents are appropriately dressed in their own clothes. This Statute is not met as evidenced by: Based on observations and staff interviews, the facility failed to assist 1 of 2 clients in the census sample to dress in appropriate sized jeans/pants while in the day program and at home to retain dignity, avoid exposure of personal body parts, and help prevent possible injury from falls. Findings include: 	9 110	9 110 11-99-11 (c)(3) RESIDENT DAILY LIVING CARE AND TRAINING Plan of Correction Client #1's jeans are an appropriate size for  body type with the addition of a properly fitted belt. The issue was that  belt was not snug enough to keep  pants up. Staff at the home immediately corrected the issue upon arrival from ADH by pulling up Client #1's pants and adjusting  belt appropriately to keep them in place around  waist. Going forward, staff have been instructed to make sure  belt is secure around  waist. Systemic All ICF HM's will ensure all clients clothing is inventoried and sized appropriately. All poor fitting clothing will be removed from clients' wardrobes. Quality Assurance During client observations, CM's will monitor appropriate fit of clients clothing and follow up with HM's if any items should be removed from wardrobe. CM's will do random samplings of client's clothing sizes during quarterly quality assurance checks.	6/3/16 7/29/16 On-going Quarterly

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Christa Mery Director of Programs & Services
TITLE
DATE
7/7/16

TATE FORM 6892 1MQX11 If continuation sheet 1 of 5

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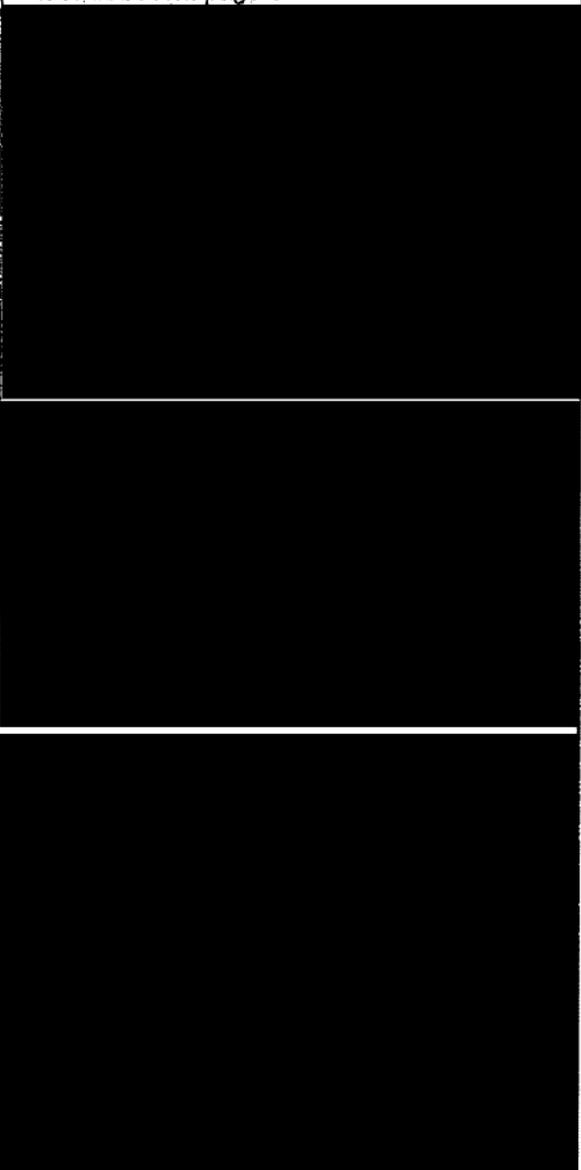
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9 110	Continued From page 1 	9 110		
9 146	11-99-14(e) HOUSEKEEPING All floors, walls, ceilings, windows, furnishings, and fixtures shall be kept clean and in good repair. This Statute is not met as evidenced by: Based on observations, interviews, and policy review the facility failed to keep all furnishings clean and in good repair. Findings include: On 6/01/16 in an observation of the shared bathroom, the shower curtain was stained brown along the bottom edges. When the Home Manager (HM) was asked about the condition of the shower curtain, [redacted] shared that they do clean the shower stalls but [redacted] did not realize the curtains were stained. The facility Infection Control Policy and Procedure stated under number 2: "Clean protective floor pads, bolsters, wheelchairs, etc after use by each client as well as at the end of the day with disinfectant".	9 146	9 146 11-99-14(E) HOUSEKEEPING Plan of Correction HM discarded and replaced stained shower curtain. Systemic All homes with large walk in showers will remove shower curtains in those walk in showers. Curtains are not used in walk in showers, however bathroom doors are appropriately closed to provide client privacy. Staff will continue to clean and disinfect all remaining bathroom furnishings according to Arc policy. Quality Assurance CM's will monitor cleanliness of all bathroom furnishings while completing the quarterly Quality Assurance Check. They will ensure all bathroom furnishings are clean and in good repair or follow up with HM's to have them cleaned, repaired, or replaced.	6/3/16 7/15/16 On-Going Quarterly
9 192	11-99-22(f) PHARMACEUTICAL SERVICES Facility staff which makes available medications for residents shall receive appropriate instruction in	9 192		

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9 192	Continued From page 3 	9 192	<p>9 192 11-99-22(f) PHARMACEUTICAL SERVICES</p> <p>Systemic 1) For all ICF clients, as their IPP's become due, RN's will include medication indicators and specific side effects in their annual RN IPP reports for all medications used to manager behaviors.</p> <p>RN's will revise all ICF client's HMP's for all diagnoses for which psychotropic medications are prescribed to include information on medications and side effects to monitor for.</p> <p>2) For all mediations, indicators for use will be obtained and documented on each client's Physician's Order sheet's and made available to all home staff.</p> <p>Quality Assurance RN will review medication MAR and Physician Order sheet's monthly, to ensure all diagnoses are indicated.</p> <p>RN and Nurse Manager will continue to complete quarterly Nursing book audits and ensure indicators and side effects of behavior medications are documented in each Client's IPP and their HMP's.</p>	<p>On-Going</p> <p>8/12/16</p> <p>8/12/16</p> <p>Monthly</p> <p>Quarterly</p>

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9 192	Continued From page 4 	9 192	This page intentionally left blank.	