

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>12G038</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING <b>RECEIVED</b>	(X3) DATE SURVEY COMPLETED  <b>04/08/2016</b>
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**THE ARC OF MAUI - HALE KANALOA**

**450-B KANALOA AVENUE  
KAHULUI, HI 96732**

(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
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9 000 INITIAL COMMENTS  
A state licensure survey was conducted from April 6, 2016 through April 8, 2016 by the Department of Health, Office of Health Care Assurance.

9 000

**Reference Tag ID 9 005  
11-99-4 (a) ACTIVE TREATMENT PROGRAM**

5/3/16

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 observation and interview with staff members, the facility failed to provide opportunities for one (Client #1) of 3 clients in the active case sample and failed to implement the client's self administration of medication.

9 005

**The facility failed to provide opportunities for one client and failed to implement the client's self-administration of medication.**

1 & 2) To correct these issues, the Medication Self-Administration program for Client #1 was revised.

All staff in the residence were trained on this revision.

To ensure no other clients were affected, Medication Self-Administration programs were reviewed for all clients in the Residence and determined to be appropriate to skill level.

A systematic change to prevent recurrence is; the agency RN will observe annually, or more frequently as needed, the client's participation in the Medication Self-Administration process to ensure the accuracy of the individual Special Instructions for each resident prior to any update of the program.

To monitor this corrective action, the Resident Manager will observe and

Office of Health Care Assurance  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Valerie Sely*

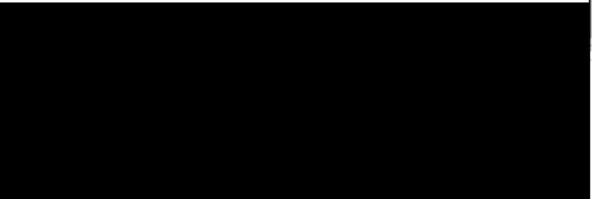
TITLE  
*Program Director*

(X6) DATE  
*5/3/16*

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9 005	Continued From page 1   	9 005	document on a monthly monitoring form two (2) times weekly for a period of two (2) months, the correct implementation of the Medication Self-Administration program for Client #1. Monitoring documentation will be reviewed by the Program Director and located in the QA binder.	

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9 005	[REDACTED]	9 005	<p><b>Reference Tag ID 9 091</b> <b>11-99-9(d)(2)(A) DIETETIC SERVICES</b></p> <p><b>The facility failed to ensure a sanitary environment was provided to ensure food items are stored in a sanitary manner.</b></p> <p>1) To correct this issue, a review of the agency's existing training material was reviewed and determined to be adequate. However, staff implementation was inadequate.</p>	5/3/16
9 091	<p><b>11-99-9(d)(2)(A) DIETETIC SERVICES</b></p> <p>All food shall be procured, stored, prepared, distributed, and served under sanitary conditions. This Statute is not met as evidenced by: Based on observation, interview with staff member and review of the facility's protocol, the facility failed to ensure a sanitary environment was provided to ensure food items are stored in a sanitary manner.</p> <p>Findings include:</p> <p>[REDACTED]</p>	9 091	<p>The training material includes a section on "Expiration Dates/Food Safety" and states: "Staff should know how to differentiate between manufacturer's expiration date, the date the product is opened, and the discard date." In addition, a list of food storage information is included in the training material with a list of specific food items and shelf-life after opening.</p> <p>The Resident Manager and staff were retrained on the agency's existing training material.</p> <p>To ensure no other clients were affected, proper labeling and a review of potentially expired foods in the Day Program was also completed, and no issues were identified.</p>	

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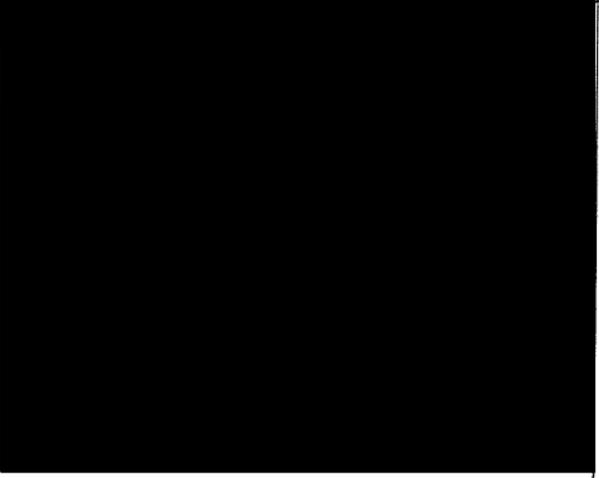
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9 091	[REDACTED]	9 091	<p>A systematic change to prevent recurrence is the retraining of all staff in the Residence to ensure foods are labeled correctly for purchase, open and discard dates in accordance with industry standards and the agency training material provided.</p> <p>To monitor this corrective action, the Resident Manager will observe and document on a monthly monitoring form two (2) times weekly for a period of two (2) months, the correct implementation of proper labeling of foods and discarding of expired foods. Monitoring documentation will be reviewed and spot checking will be completed by the Program Director. Documentation will be located in the QA binder.</p> <p>2) To correct this issue, a review of the resident practices identified that staff wash their hands prior to using the rice scooper located in the rice bag/bin.</p> <p>To ensure clients aren't affected by this practice, all staff in the residence were observed for proper hand-washing prior to using the rice scooper and no issues were identified.</p> <p>A systematic approach to ensure proper infection control is the hand-washing of all staff prior to using the rice scooper and training of any new staff on this</p>	

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9 091		9 091	<p>practice.</p> <p>To monitor proper infection control practices regarding the use of the rice scooper, the Resident Manager will observe and document on a monthly monitoring form two (2) times weekly for a period of two (2) months, correct implementation of hand-washing prior to using the rice scooper. Monitoring documentation will be reviewed by the Program Director and located in the QA binder.</p>	
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.</p> <p>This Statute is not met as evidenced by: Based on observations and staff interview, the facility did not ensure there is an active program for the prevention and control of infection.</p> <p>Findings include:</p> 	9 109	<p><b>Reference Tag ID 9 109</b> <b>11-99-11 (c)(2) RESIDENT DAILY LIVING CARE AND TRAINING</b></p> <p><b>The facility did not ensure there is an active program for the prevention and control of infection.</b></p> <p>1 &amp; 2) To correct these issues, a review of the existing agency training material regarding infection control practices was reviewed and determined to be adequate. However, staff implementation was inadequate.</p> <p>The infection control training material includes a section on client hand-washing and states: "Efforts shall be made to prevent clients from placing their fingers in their mouths and noses and from touching their eyes. Clients who carelessly or intentionally smear or</p>	5/3/16

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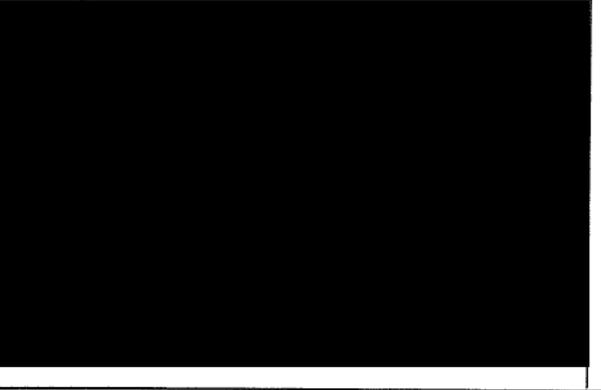
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9 109		9 109	<p>touch bodily fluids such as urine, feces, mucus, menstrual blood or who cannot care for themselves after eliminations or with changing pads or sanitary napkins shall receive appropriate supervision and assistance by staff if needed, while staff observe Universal Precautions.”</p> <p>Additional training material includes a section on staff hand-washing and states: “Hand-washing should always occur after hands become soiled, before and after client personal care tasks and before and after use of personal care gloves.”</p> <p>Staff was retrained specifically in regard to reminding clients to wash hands after coming in contact with bodily fluids and after toileting, and proper staff hand-washing and glove use techniques when assisting clients with personal care tasks and in-between personal care tasks.</p> <p>To ensure no other clients were affected, an observation of all other staff in the Residence was completed to determine correct hand-washing procedures for staff/clients and correct glove use for staff and no issues were identified.</p> <p>A systematic change to prevent recurrence is the retraining of all staff in the Residence on correct “Infection Control” practices.</p>	

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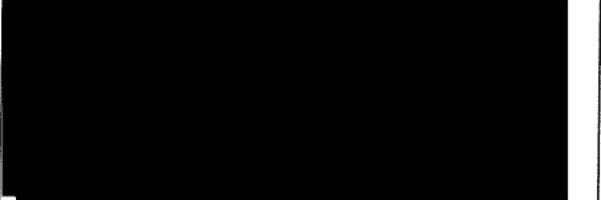
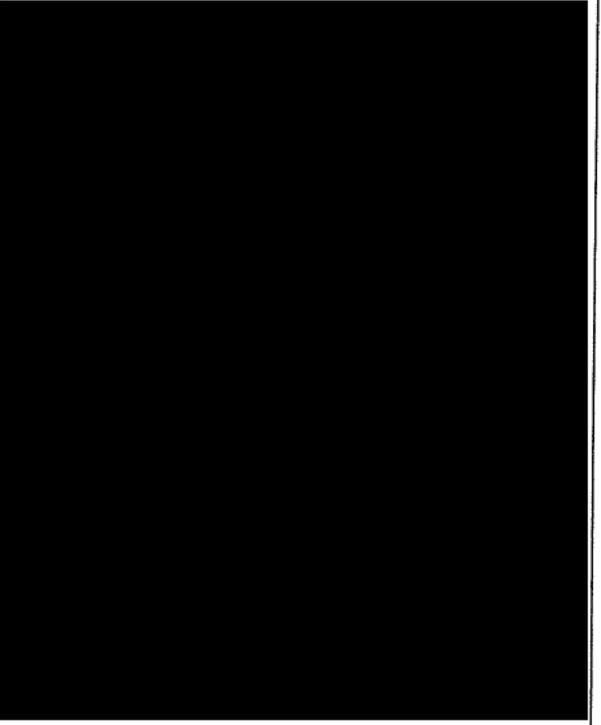
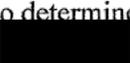
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9 109		9 109	<p>To monitor this corrective action, the Resident Manager will observe and document on a monthly monitoring form two (2) times weekly for a period of two (2) months, the correct implementation of "Infection Control" practices. Monitoring documentation will be reviewed by the Program Director and located in the QA binder.</p> <p><b>Reference Tag ID 9 172 11-99-20 (a) NURSING SERVICES</b></p>	5/13/16
9 172	<p><b>11-99-20(a) NURSING SERVICES</b></p> <p>Each facility shall provide nursing services in order to meet the nursing needs of residents.</p> <p>This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility did not ensure that nursing services must include other nursing care as identified by client needs for one (Client #3) of 3 clients.</p> <p>Findings include:</p> 	9 172	<p><b>The facility did not ensure that nursing services must include other nursing care as identified by client needs for one client.</b></p>  <p>To correct this issue prior to transfer, the agency RN contacted Client #3's physician to discuss this issue. The physician was in agreement regarding the RN's current instructions for staff and recommended that the nursing instructions remain unchanged. A new MD order was obtained </p> 	

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9 172	Continued From page 7  	9 172	<p></p> <p>No other clients have MD orders for . Therefore, no other clients were affected.</p> <p>A systematic change to prevent recurrence is; the agency RN will consult with the physician for all clients who may require  to determine if the step of checking  is warranted </p> <p>The agency will review and train all appropriate steps per the physician's order.</p> <p>To monitor this corrective action, the agency RN will consult with the physician of all clients who may require  and also with the Program Director to determine if the step of checking  is warranted.</p> <p><b>Reference Tag ID 9 279</b> <b>11-99-29 (a) RESIDENT RIGHTS</b></p> <p><b>The facility failed to promote the growth and social integration of the clients.</b></p>	
9 279	11-99-29(a)(10) 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	9 279	<p>To correct this issue, the agency's existing training material was reviewed and determined to be adequate. However, staff implementation was inadequate. Discussion amongst staff</p>	5/3/16

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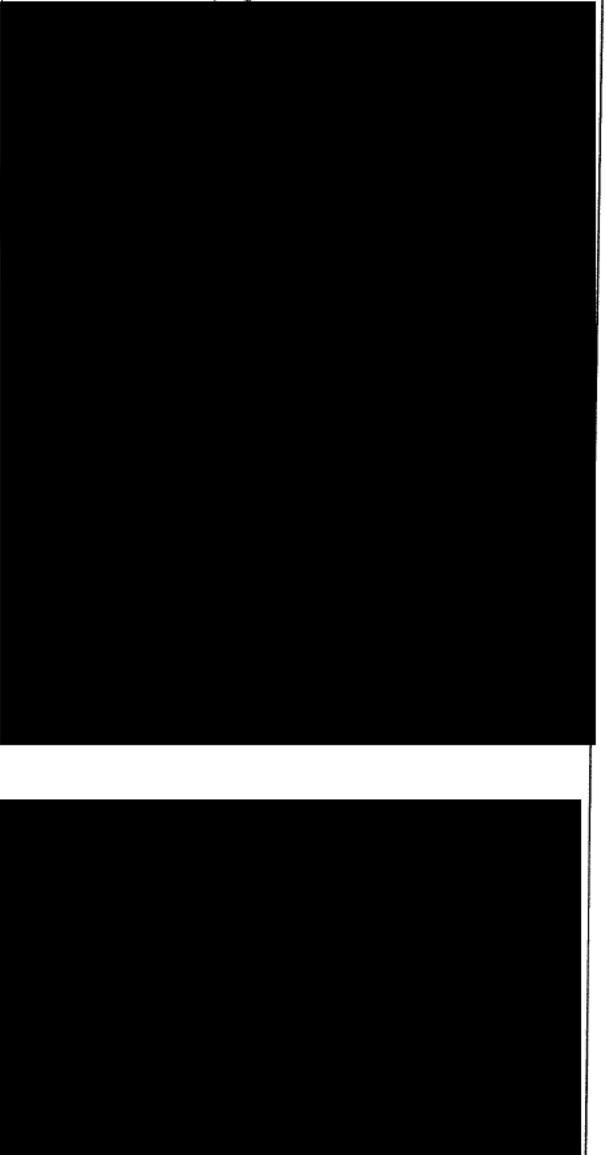
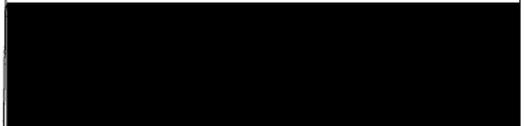
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9 279	<p>Continued From page 8</p> <p>guardian, next of kin, sponsoring agency or representative payee, and to the public. The facility's policies and procedures shall provide that each individual admitted to the facility shall:</p> <p>Be treated with 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: Based on observations, the facility failed to promote the growth and social integration of the clients.</p> <p>Findings include:</p> <div style="background-color: black; width: 100%; height: 50px; margin-top: 5px;"></div> <div style="background-color: black; width: 100%; height: 150px; margin-top: 5px;"></div>	9 279	<p>should have included clients and been "client centered" conversation.</p> <p>The staff identified, were retrained on "Resident Rights", specifically in regard to "clients being treated with consideration, respect and full recognition of their dignity and individuality". In addition, retraining included "Active Treatment" protocols; "teaching and encouraging clients to function at their highest level in all developmental areas throughout their day in order to promote independence and improve quality of life".</p> <p>To ensure no other clients were affected, all staff in the Day Program were retrained on "Resident Rights" and "Active Treatment" protocols.</p> <p>A systematic change to prevent recurrence is a new protocol as part of the morning meeting at Day Program; the Program Manager will ask staff and clients to give examples of ways to incorporate and promote the concept of "inclusion" into the daily activities and may also include role playing. Discussion will also include reminders to staff in regard to appropriate "staff only" conversations and where and when they should take place i.e. break times.</p>	

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9 279	Continued From page 9 	9 279	<p>To monitor this corrective action, the Resident Manager will observe and document on a monthly monitoring form (2) times weekly for a period of two (2) months, the correct implementation of Resident Rights and the Active Treatment Protocols for all clients in the Day Program. Monitoring documentation will be reviewed by the Program Director and located in the QA binder.</p>  <p>To ensure no other clients were affected, client photos on all medication bins were reviewed for picture quality and replaced with new photos.</p> <p>A systematic approach to prevent recurrence is; the Resident Manager will inspect the client medication bins quarterly to ensure the quality of the photos. Photos of poor picture quality will be replaced with new ones so the bins can correctly be identified.</p> <p>To monitor this corrective action, the agency RN will check the photo quality on the medication bins at the time of the monthly med cabinet inspection and report to the Resident Manager if photos need to be replaced.</p>	
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