

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Arc in Hawaii – Waipahu A (DDDH)	CHAPTER 89
Address: 94-060 A Poailani Circle, Waipahu, Hawaii 96797	Inspection Date: August 17, 2016 Annual

IMMEDIATE ADVISORY

POSTING OF DEFICIENCIES AND PLANS OF CORRECTIONS

If you fail to submit a plan of correction (POC) within ten (10) working days of receipt of your Statement of Deficiencies (SOD):
Your SOD will be posted on the Department of Health (DOH) website with the following statement:

“POC NOT RECEIVED AS OF <DATE>”

If you initially submit an unacceptable POC (UPOC), you have ten (10) working days to submit an acceptable POC. If the revised POC is still unacceptable, your SOD will be posted on the DOH website with the following statement:

“POC NOT ACCEPTABLE”

If you initially submit an unacceptable POC (UPOC), but you fail to submit a revised POC, your SOD will be posted on the DOH website with the following statement:

“POC NOT ACCEPTABLE”

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-5 <u>Certification</u>. (c) Annual recertification shall be required in accordance with §11-89-8.</p> <p><u>FINDINGS</u> Caregiver #1 has been used in the DDDH since March 2016; however, is not currently certified as a caregiver.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>Caregiver #1 meets all the requirements however the Human Resource Department did not complete and submit a new application for certification to The Office Of Health Care Assurance upon re-entering the home after a year. It was thought the previous application submitted was still valid. Caregiver #1 has completed a short application with all requirements up to date. See attachment 1.</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>The Human Resource Department will ensure all caregivers that have not worked in a home for more than a year will complete a short application and submit it to The Office of Health Care Assurance for certification. The Director of Programs and Services will submit the names of all caregivers working in the home to the Human Resource Department who will then cross check the names to the annual certifications granted. If no certification was given for the caregiver for that year, a new short application will be submitted. In addition, Personnel Household forms will be reviewed for all The Arc in Hawaii DDD homes to verify the caregiver did not work in other homes.</p>	<p>September 12, 2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> At the time of the annual life safety inspection on August 4, 2016, there was no annual inspection for the two fire extinguishers.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">See Attached</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p style="text-align: center;">See Attached</p>	8/10/16

What did you do to correct the deficiency? An appointment for the annual inspection for the two fire extinguishers was scheduled for August 10, 2016. The Home Manager however did not inform the life safety inspector when he came to the home on August 4 2016.

Future Plan: Home Managers will ensure annual inspections are completed timely and will inform the life safety inspector of the date the inspection will occur if it is within the same month but after the date of the inspection. **Completion Date:** August 10, 2016

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u></p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>See Attached</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>See Attached</p>	<p>8/23/16</p>

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What did you do to correct the deficiency? The Primary Physician was contacted regarding the discontinuation of the medication however chose not to correct it as the order was a year ago. The home manager received in service training from the Nursing Manager regarding verification of medications on the 90 day review.

Future Plan: The Nursing Manager will provide oversight and conduct quarterly audits of the client records and make written recommendations for changes and corrections. will follow up on the corrections with the home manager and appropriate staff members. **Completion**

Date: August 23, 2016

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u></p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>On December 31, 2015, the resident went home to spend the holidays with family therefor the medications were not administered in the home and no medication error occurred. Staff failed to indicate the resident was away from the home by placing a "g" on the medication record to indicate "gone".</p> <p style="text-align: center;">See Attached</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>Staff have been re-trained to conduct their 30-minute medication checks after medications are given to ensure medications were given and proper documentation was completed. The Home Manager will also continue to complete the weekly home monitoring checklist which includes checking the medication records. See attachment 2.</p> <p style="text-align: center;">See Attached</p>	<p>August 23, 2016</p>

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What did you do to correct the deficiency? The medication record was corrected to reflect the proper strength of the _____ on August 22, 2016. The home manager received in service training from the Nursing Manager regarding proper transcription of medications.

Future Plan: The Nursing Manager will provide oversight and conduct quarterly audits of the client records and make written recommendations for changes and corrections. _____ will follow up on the corrections with the home manager and appropriate staff members. **Completion**

Date: August 23, 2016.

Licensee's/Administrator's Signature: Christine Menezes

Print Name: Christine Menezes

Date: 9/8/14

Licensee's/Administrator's Signature: Christine Menezes DPS

Print Name: Christine Menezes

Date: October 2, 2016