

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Arc in Hawaii – Waipahu B (DDDH)	CHAPTER 89
Address: 94-060 B 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><b><u>FINDINGS</u></b> Caregiver #1 was utilized in the DDDH from mid-June 2016; however, is not currently certified as a caregiver.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></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><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></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 30, 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><b><u>FINDINGS</u></b> 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><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p>See Attached</p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p> <p>See Attached</p>	<p>8/10/16</p>

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§11-89-12 Structural requirements for licensure. (b)

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**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)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled workcabinet/workcounter apart from either residents' bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b></p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p>The home manager secured the _____ in the medicine cabinet during the monitoring visit on August 17, 2016. The Home Manager received in service training regarding proper medication storage.</p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p> <p>The Home Manager will properly administer the _____ to Resident #2 after _____ and secure accordingly. The nurse will continue _____ quarterly audits and include checking to ensure all medications are properly stored. _____ will follow up on the corrections with the home manager and appropriate staff members.</p>	<p>August 22, 2106</p>

	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><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b></p> <p>The order was corrected during the monitoring visit on August 17, 2016. The incorrect notation was lined out and proper notation was hand written on the medication record. Home manager received in service training regarding proper transcription of orders. When transcribing an order, the home manager will verify the full and complete information from the physician order to the medication. After the information has been verified as correct and matching, the Home Manager will add to the medication administration record.</p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b></p> <p>The nurse will continue quarterly audits and make written recommendations for changes and corrections. will follow up on the corrections with the home manager and appropriate staff members. The Nursing Manager will provide oversight and conduct random quarterly audits of the client records.</p>	<p>August 22, 2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u> (e) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator temperature was 48 degrees Fahrenheit.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> The thermometer was move to the door of the refrigerator.</p> <p><b><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></b> The staff will check the temperature daily and document on the temperature log. If temperatures read above 40 degrees, staff will re-check several times throughout the day. Staff will report if the temperature continues to read above 40 degrees. Since moving the thermometer to the door, staff will take the temperature daily and submit two weeks of documentation to the Admin office to ensure temperatures are reading 40 degrees and below.</p>	<p>October 12, 2016</p>

Licensee's/Administrator's Signature: Christine Menezes

Print Name: Christine Menezes

Date: 9/8/16

Licensee's/Administrator's Signature: Christine Menezes

Print Name: Christine Menezes

Date: October 3, 2016