

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/30/2016
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NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - 6 B	STREET ADDRESS, CITY, STATE, ZIP CODE 852-A PAAHANA STREET HONOLULU, HI 96816
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9 000	INITIAL COMMENTS A relicensing survey was conducted by the State Agency from September 28, 2016 to September 30, 2016. The census at the time of entrance included 4 clients.	9 000		
9 024	11-99-7(b)(2) CONSTRUCTION REQUIREMENTS Temperature and humidity shall be maintained within a normal comfort range. This Statute is not met as evidenced by: Based on observation, record review, and interview the facility failed to maintain the temperature within a normal comfort range. Finding includes: On 9/29/2016 at 5:57 AM The Hab Worker (HW#2) stated, "it's hot here". Observed the HW#2 taking the remote control for the living room air conditioner wall unit and adjusting the temperature setting, later observed that the remote control temperature setting was at 63 degrees. Client #3 was observed sitting on the living room sofa without a shirt on; his arms were crossed over his chest; his hands were rubbing his arms and he was shivering. When asked why the client was not given a shirt the HW #1 stated, the client will pick at any thread and put the threads into his eyes or eat the threads. In the morning on the same day Client #3's record review confirmed that the client tends to pull at threads and will put the threads into eyes or mouth. On 9/30/2016 interviewed the program manager regarding the AC temp and client comfort, the program manager stated the AC should be for the comfort of the client and should be at 70 degrees or more.	9 024	9 024 11-99-7 (b)(2) CONSTRUCTION REQUIREMENTS Plan of Correction Staff were instructed to keep the temperature of the AC unit in the 6B home between 68°-70°F. Staff were also told to make sure that the participants are comfortable with the temperature in the home. Systemic ICF PM will discuss with all ICF Home Manger's (HM's) at upcoming ICF HM's meeting that all common area AC units in the home are to remain between 68°-70°F and set for the comfort of the participants and not of the staff. Quality Assurance HM's to monitor AC temperatures daily. CM's to incorporate checking the temperatures of the AC units into their quarterly home inspections.	10/3/16 10/26/16 Daily Quarterly

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Christine Mery Director of Programs + Services 10/25/16
STATE FORM 6899 HKCT11 (X6) DATE
If continuation sheet 1 of 5

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9 061	Continued From page 1	9 061	9 061 11-99-7(g)(1) CONSTRUCTION REQUIREMENTS	
9 061	<p>11-99-7(g)(1) CONSTRUCTION REQUIREMENTS</p> <p>Floors shall be of slip-resistant material which does not retain odors and is flush at doorways. This Statute is not met as evidenced by: Based on observation and interview the facility failed to have floors in the home that are resilient and nonabrasive.</p> <p>Finding includes: On 9/29/2016 at 6:30 AM observed the tiled flooring at the entry way to Client #1's room had a piece of tile missing about the size of one hand span. When tapped with a covered shoe the broken tile moved. The edge of the broken tile was uneven with the remaining tiled floor. Observed the Client #1 walking barefooted in the home. The broken tile was examined by the home manager who acknowledged this was a potential for injury and would need to be fixed.</p>	9 061	<p>Plan of Correction Maintenance Request was submitted to the Arc's Facilities Department on 9/30/16.</p> <p>The Arc's Facilities Department repaired the cracked tile in the 6B home on 9/30/16.</p> <p>Systemic At the next upcoming ICF HM's meeting, Program Manager will instruct all HM's to check all flooring in their home once a month. Should the HM find any cracked tiles or any other issue with the floors in the home, they will be instructed to submit a Maintenance Request to our Facilities Department immediately and notify the Program Manager.</p>	<p>9/31/16</p> <p>9/31/16</p> <p>10/26/16</p>
9 062	<p>11-99-7(g)(2) CONSTRUCTION REQUIREMENTS</p> <p>Walls, floors, and ceilings of rooms used by residents shall be made of materials which shall permit washing, cleaning, and painting. This Statute is not met as evidenced by: Based on observation, record review, and interview the facility failed to promote maintenance of a sanitary doorway frame.</p> <p>Finding includes: On 9/29/2016 at 6:36 AM an observation was made with the home manager of Client #3's doorway frame. When standing and facing the</p>	9 062	<p>Quality Assurance HM's to monitor floors as instructed monthly.</p> <p>CM's to incorporate checking all flooring in the home for cracks or imperfections that may be harmful to the participants into their quarterly home inspections.</p>	<p>Monthly</p> <p>Quarterly</p>

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9 062	Continued From page 2 room observed a split in the wooden doorway frame located on the right side of the doorway, the largest width of the split was at waist level. The split narrowed as it tapered downward towards the floor. There was a single bed in the room with a fitted sheet no comforter or blanket. The home manager removed the fitted sheet off the mattress to reveal a small tear with threads sticking out of the mattress. The home manager stated even with a protective mattress the client will pick apart items until the item is in shreds. A review of the client's record on the same day confirmed Client #3's behavior to pick and pull things apart. The home manager acknowledged the damaged doorway frame needed to be repaired by maintenance.	9 062	9 062 11-99-7(g)(2) CONSTRUCTION REQUIREMENTS Plan of Correction Maintenance Request was submitted to the Arc's Facilities Department on 9/30/16. The Arc's Facilities Department repaired the door frame of Client # 3's doorway on 9/30/16. Systemic At the next upcoming ICF HM's meeting, Program Manager will instruct all HM's to complete a walkthrough of the home to check for potential harms to the participants such as splintered wood in their home once a month. Should the HM find any issues that need attention in the home, they will be instructed to submit a Maintenance Request to our Facilities Department immediately and notify the Program Manager.	9/31/16 9/31/16 10/26/16
9 172	11-99-20(a) NURSING SERVICES Each facility shall provide nursing services in order to meet the nursing needs of residents. This Statute is not met as evidenced by: Based on observation, interviews, and review of policy and procedure, the facility failed to provide or obtain preventive and general medical care. Finding includes: Observation was made during medication pass on 09/29/2016 at 5:33 AM with LN#1 for Client #3. Client #3 has blood sugar testing ordered every other day. After testing Client #3's blood sugar LN#1 was observed cleaning the One Touch Ultra 2 Meter with alcohol swabs. LN#1 was asked if she cleaned the meter with any other solution and she stated "no". On 9/29/2016 at 9:30 AM LN #1 provided the Arc's Policy and Procedure (P & P) and also the Manufacturer handout for the One Touch Ultra 2 Meter. The	9 172	Quality Assurance HM's to monitor for potential harmful surfaces within the home as instructed monthly. CM's to incorporate checking all surfaces in the home for splintered wood or any other imperfections that may be harmful to the participants into their quarterly home inspections.	Monthly Quarterly

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9 172	Continued From page 3 facility's policy and procedure stated: "3) Wipe the meter with alcohol wipes or follow manufacturer's instructions." The manufacturer's instructions stated: "clean your meter, wipe the outside with a soft cloth dampened with water and mild detergent" and "Do Not use alcohol or another solvent to clean your meter". LN#1 acknowledged the discrepancy with the facility's policy and manufacture's recommendations. On 9/30/2016 at 12:00 PM, the manufacturer of the One Touch Ultra 2 Meter Customer Service was contacted. When asked about the recommendation to not clean the meter with alcohol the customer service agent replied, "Alcohol leaves residual sugars that can potentially affect the reading of the test results". The facility was not following the manufacturer's recommendation for cleaning and disinfecting of the One Touch Ultra 2 meter.	9 172	9 172 11-99-20(a) NURSING SERVICES Plan of Correction RN spoke to HM regarding not using alcohol wipes anymore to clean the glucometer. RN to train all 6B staff who are certified to tests participants blood sugar on the proper procedures for cleaning and disinfecting blood glucose meters and lancet pens as recommended by the manufacturer of the specific glucometer used in the 6B home.	9/31/16 10/26/16
9 283	11-99-29(a)(14) 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 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: Retain and use their personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other residents. This Statute is not met as evidenced by:	9 283	Systemic Nurse Manager revised The Arc's policy and procedure for cleaning glucometers to remove the use of alcohol wipes and follow specific manufacturer's recommendations. Nurse Manager will distribute new policy and train all ICF HM's on the new policy for weekly or as needed cleaning of the glucometers at the next ICF HM's meeting. Quality Assurance HM's to monitor proper cleaning and disinfecting of glucometer's weekly. RN's to incorporate observations of glucometer cleaning into their quarterly checks.	10/26/16 Weekly Quarterly

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9 283	<p>Continued From page 4</p> <p>Based on observation, record, and interview the facility failed to ensure that clients have the right to retain and use appropriate personal possessions.</p> <p>Finding includes: On 9/28/2016 at 1:28 PM on a field trip observed Client #1 looking at self in store window reflection; pointing to the side of his face; and rocking body from side to side. Later at the client's home, observed in the shared smaller bathroom of the home a cardboard secured with white and red tape above the sink wash basin. At 3:30 PM on the same day interviewed the Hab Worker (HW) #1 regarding the cardboard above the bathroom sink and was told the cardboard is covering a mirror because Client #1 will look at reflection for hours. On 9/29/2016 interviewed the home manager regarding the taped mirror and if the other clients in the home were able to see themselves in a mirror for personal grooming. The home manager checked the room of the female client and confirmed that the female client had no mirror in her room to check her reflection. The home manager acknowledged that the taped mirror did not give the other clients in the home the opportunity to see themselves for personal hygiene and grooming. On 9/30/2016 a review of Client 1#'s record found that any type of reflection causes the client to begin "stemming". Covering the mirror is part of behavior modification treatment for Client #1 but did not give the other clients an opportunity to use a mirror for general hygiene and grooming.</p>	9 283	<p>9 283 11-99-29(a)(14) RESIDENT'S RIGHTS</p> <p>Plan of Correction Cardboard was removed from the mirror immediately.</p> <p>A curtain will be attached with Velcro to the mirrors in the bathrooms in the 6B home. This will allow for staff to remove the curtain when other participants are using the bathroom to give them the opportunity to use the mirrors as they wish.</p> <p>Systemic The Arc will make sure any efforts to curve one participants behavior does not interfere with the rights of the other participants that live in their home.</p> <p>Quality Assurance HM to monitor the use and removal of the curtain from the mirror daily.</p> <p>CM to monitor any modifications made to any home for behaviors do not infringe on other participants rights during quarterly observations.</p>	<p>9/31/16</p> <p>11/11/16</p> <p>On-going</p> <p>Daily</p> <p>Quarterly</p>
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