

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ RECEIVED B. WING: _____	(X3) DATE SURVEY COMPLETED 03/17/2017
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NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - EWA B	STREET ADDRESS, CITY, STATE, ZIP CODE 91-824 B HANAKAHI STREET EWA BEACH, HI 96706	DATE AND TIME 2017 APR 24 P 1:52
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9 000	INITIAL COMMENTS A state re-licensure survey was conducted at the facility from 3/15 - 3/17/17. At the time of entrance, there were 5 clients residing in the home.	9 000		
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 observations, medical record reviews and staff interviews, the facility failed to ensure that the nurse responded in a timely manner to the medical and nursing concerns for 2 of 3 sampled clients (Client #1 and Client #2). Findings include: 1) On 03/15/2017 at 11:00, observed Client #1 (C#1) at the beach park eating lunch. The client was sitting in her wheelchair leaning to the left (L) side with her right (R) leg crossed over the L knee. The instructor assistant (IA) had to straighten C#1 and pull her up in the wheelchair to feed her. On the same day at 3:00 PM in the home, observed C#1 sitting in her wheelchair leaning to the L side with her shoulders touching the armrest, and Staff#5 had to straighten the client by pulling her up in the wheelchair. On 03/16/2017 at 10:30 PM the medical record review on C#1 found documented on the 12/05/2016 monthly nursing note, that C#1 had a wheelchair evaluation on 11/10/2016. The interdisciplinary notes dated 12/06/16 documented that the nurse called the National Seating and Mobility to follow-up if C#1's wheelchair back pad or harness came in. The	9 172	9 172 11-99-20(a) NURSING SERVICES <u>Wheelchair Parts Plan of Correction</u> The Arc in Hawaii sent out check for parts from National Seating and Mobility (NSM) which was received by NSM on 3/20/17. RN was notified that parts for Client # 1's wheelchair came in on 4/11/17. RN made appointment for Client #1 to get her wheelchair fitted with the new parts on 4/19/17. <u>Systemic</u> For all clients needing repairs to their wheelchairs, once their wheelchair is evaluated by the merchant, The Arc in Hawaii's nursing staff will allow 3-4 weeks before following up with the merchant for the quote for the needed parts. Once nursing staff receives the quote, it will be evaluated and approved internally. Once approved, a PO will be made within 3-4 days and payment will be submitted to	3/20/17 4/19/17 On-going

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Christine J. [Signature] Director of Programs + Services 4/21/17
TITLE
STATE FORM 6899 ITE11 (X6) DATE
If continuation sheet 1 of 4

Find out: K... [unclear]

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9 172	<p>Continued From page 1</p> <p>company was still working at getting price quotes for the wheelchair items and was to contact the facility's nurse manager with the cost and that the order would be placed after receiving a check for the amount quoted. On 02/24/2017 the company faxed the price quote for the wheelchair repairs.</p> <p>On 03/17/2017 at 8:00 AM interviewed Staff#1 regarding C#1's wheelchair evaluation on 11/10/2016 and the 3 months lag time to order the recommended wheelchair accessories. According to Staff#1, the nurse that was working with the client in 11/2016 resigned in 2/2017 and Staff #1 took over from there. Staff#1 stated that the wheelchair order was revised and the company had to provide a re-quote for the wheelchair accessories and that added to the delay.</p> <p>Also discussed with Staff#1 that C#1 weighed 90 lbs at the same time last year as compared to the current wt of 78 lbs. The last individual program plan (IPP) on 02/23/2017 under "Health Concerns; 3.; 4.; and, 5. Monitor monthly weights." The client's diet and nutrition are addressed but there was no discussion on her weight loss.</p> <p>The facility's nursing staff did not respond in a timely manner to all of C#1's medical concerns and ensure timely and appropriate interventions.</p> <p>2) On 3/15/17, during the observation of Client #2 (C#2) in the Wahiawa Day Program, it was observed the client was eating a pureed meal, which was "a bologna sandwich, mixed veggies and applesauce" per Staff #3. The client ate by holding an adaptive spoon in his/her right hand. The client consumed approximately 75% of his/her lunch meal.</p>	9 172	<p>9 172 11-99-20(a) NURSING SERVICES (Continued)</p> <p>merchant for parts to be ordered. Once parts ordered, nursing staff will follow up with merchant within 3-4 weeks and continue to follow up weekly until parts are received and an appointment is set for the parts to be fitted to the Client's wheelchair. RN will documents all calls made to the merchant to follow up on parts in their nursing IE's.</p> <p><u>Quality Assurance</u> Home Manager's (HM's) will report any necessary wheelchair repairs to the RN at monthly meetings.</p> <p>RN's will inspect wheelchairs during their monthly home monitoring and document any needed repairs on their monthly monitoring form.</p> <p>RNM will also follow up and inspect all wheelchairs for needed repairs and ensure repairs are completed timely at her quarterly home inspection.</p>	<p>Monthly</p> <p>Monthly</p> <p>Quarterly</p>

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9 172	Continued From page 2 On the morning of 3/16/17 in the home, C#2 was observed eating breakfast at 5:00 AM. The meal consisted of a light brownish colored pureed mixture in a white bowl with nothing else, except for a glass of water. The client proceeded to eat it. Staff #4 stated it was an English muffin mixed with fruit cocktail. She said there was no protein included and "that's all that was on the menu." At 9:05 AM, Staff #2 stated the foods should be pureed separately and this way, the food can be identified for what it is, and "makes it more palatable" when it is prepared separately. On 3/16/17, a review of the 3/6/17 Monthly Nursing Notes for Client #2 was done. It was found that in January 2016, the client weighed 118 pounds. By June 2016, the client weighed 101 pounds and gradually, the client's weight dropped to his current weight of 98 pounds. This is a 20 pound weight loss for this client who now appears rather thin and on the low end of his ideal body weight (IBW of 95-128 pounds). In addition, the client's last Registered Dietitian (RD) Nutritional Assessment done on 2/17/15 noted the client's weight at 128 pounds in December of 2015. His current diet listed on the assessment was for a "High Calorie, mechanical chopped, minced meats, thin liquids." However, observation of the client's current diet was that of a pureed consistency and not mechanical chopped with minced meats. The RD also noted in the 2015 assessment that the client was overweight due to the BMI at 25.1, so her plan was to change to a regular diet rather than a high calorie diet. Yet, there was no indication to change the consistency from chopped to pureed. Additionally, in the client's record, his weight loss has not been documented or attributed to any	9 172	9 172 11-99-20(a) NURSING SERVICES (Continued) <u>Weight Loss Plan of Correction</u> Both Client's #1 and #2 have an appointment to see the nutritionist to discuss their weight loss and complete a nutritional evaluation on 4/20/17. <u>Systemic and Quality Assurance</u> All ICF clients' weights will continue to be monitored on a monthly basis. RN's will evaluate all Clients weights and notify the nutritionist whenever there is a 5% or more change in weight within a 6 month period of time and follow the nutritionists recommendations. RN will also create an HMP for altered nutrition and weight loss. RN will monitor client's weights monthly.	4/20/17 On-going Monthly

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9 172	Continued From page 3 identifiable medical condition or that it has been an intentional, monitored weight loss based on his 2015 assessment. On 3/17/17 at 8:20 AM, during an interview with Staff #1, she stated the menus have not been revised since 2004, but they are currently working with the RD to include more hot lunches other than sandwiches for lunches and to revise the dinner menus as well. Staff #1 also said she told the RD that most of the breakfasts on the current cycle menu were "lacking the protein." Then on 3/7/17 at 11:100 AM, during another interview with Staff #1, she affirmed C#2's annual nutritional review was not done, because of "no annual requirement for it." However, given this client's weight loss trend with his dysphagia, Staff #1 stated she will bring it to the attention of the team and the client's physician. Staff #1 also said there should have been a health maintenance plan (HMP) for altered nutrition/weight loss developed for the client within the last year given the weight loss trend. The only thing Staff #1 could attribute the client's weight loss to was that the client was active in Special Olympics. However, there is no documentation to evidence the client's caloric needs had been increased if his activity level had increased. The weight loss was thus not monitored and there was no clinical rationale found in the client's record as to the cause(s) of his 20 pound weight loss.	9 172	9 172 11-99-20(a) NURSING SERVICES (Continued) <u>Mixing Mechanically Altered Foods Plan of Correction</u> HM retrained staff in the home to separate different food groups when food is mechanically altered. <u>Systemic</u> RNM will create a flyer indicating the need to separate different food groups when mechanically altering foods and will hand out flyer to all HM's to post in all ICF homes. <u>Quality Assurance</u> HM's will monitor the separation of mechanically altered foods on a daily basis. RN's will monitor during their monthly home monitoring and train or retrain as needed. RNM will also monitor during her quarterly home observations. Please see additional attachments.	4/30/17 4/30/17 Daily Monthly Quarterly

Ewa B State POC Attachment

9 172 11-99-20(a) NURSING SERVICES (Continued)

Food Consistency Plan of Correction

Client #2 has an appointment with the nutritionist on 4/20/17. RN will ask nutritionist for her recommendation on Client #2's food consistency and will obtain an order from Client #2's PMD based on the nutritionist's recommendations. 4/20/17

Systemic

RN's will ensure all clients who have mechanically altered food will have accurate doctor's orders and that staff are trained accordingly. On-going

Quality Assurance

HM's will monitor the correct consistency of mechanically altered foods on a daily basis. Daily

RN's will monitor during their monthly home monitoring and document findings on their monitoring form. RN's will train or retrain staff as needed should any staff be found not to be following the current doctors' orders for food consistency. Monthly

RNM will also monitor during her quarterly home observations. Quarterly

Menu's Lacking Protein Plan of Correction

RNM is currently working with the nutritionist to complete a revised menu plan for all homes by 4/30/17. The new menu plan will include more protein options for breakfast. 4/30/17

Systemic

Once new menu plan is received, RN's will train all HM's to follow the new menu plan and ensure clients are getting adequate amounts of protein at every meal. 5/15/17

HM's will train all home staff on the new menu plan. 5/15/17

Quality Assurance

HM's will monitor that staff are following the new menu plan daily. Daily

RN's will monitor during their monthly home monitoring and train or retrain as needed. Monthly

RNM will also monitor during her quarterly home observations. Quarterly

Christa Myers Director of Programs + Services 4/21^{en} / 17