

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Arc of Maui – Hale Lahaina (DDDH)	CHAPTER 89
Address: 5220 Kahi Street, Lahaina, Hawaii 96761	Inspection Date: October 11, 2017 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(1) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive.</p> <p><u>FINDINGS</u> Evidence of a current TB clearance was not available for Caregiver #1.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Refer to attached</i></p>	<p><i>10/13/17</i></p>

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	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> For Resident #1, on August 14, 2017, physician ordered Ibuprofen 600 mg, 1 tablet p.o. every 6 hours prn pain x 10 days; however, the August 2017 medication administration record noted, Ibuprofen 600 mg, 1 tablet 3 times daily as needed for pain. There was a discrepancy on the frequency of when the medication should be given.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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Licensee's/Administrator's Signature: Valerie Sully

Print Name: VALERIE SULLY

Date: 11/15/17

ARC of Maui County
Hale Lahaina
Plan of Correction
November 2017

Annual Inspection: 10/11/17

- **Rule (Criteria)**
11-89-9 General staff health requirements (a)(1)

Corrective Action Part 1:

A current TB clearance was not completed for Caregiver #1.

To correct this issue, Caregiver #1 was administered their TB test and received their clearance (see attachment #1).

Effective Date: 10/13/17


Valerie Sly

11/15/17
Date

- **Rule (Criteria)**
11-89-9 General staff health requirements (a)(1)

Corrective Action Future Plan Part 2:

In review of this issue, it was determined that the Lahaina program had failed to receive their monthly certification report by email from the Program Assistant as usual. Therefore, staff was not alerted in a timely manner that the TB clearance was due.

To prevent recurrence, the Resident Manager will put a reminder on the calendar at the beginning of each month to ensure the certification report is received and reviewed for any needed updates to ensure all staff certifications are in compliance.

Effective Date: 10/13/17



Valerie Sly 11/5/17 **Date**

