Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Arc in Hawaii – Lusitana C (DDDH)	CHAPTER 89
Address: 1660 C Lusitana Street, Honolulu, Hawaii 96813	Inspection Date: November 29, 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
§11-89-14 Resident health and safety standards. (d)(3) The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows: Each resident of the facility shall be certified annually by a physician that the resident is capable of self-preservation. A maximum of two residents not so certified may reside in the facility provided that a staff ratio of one-to-one is maintained, at all times, for each of these residents and there are no stairways which must be negotiated by such noncertified residents. As an alternative, the facility shall install an automatic sprinkler system, as defined in the national fire protection association's 101 life safety code. FINDINGS The Lustiana C DDDH has two residents that are unable to self-preserve, as noted by the Self-Preservation Statements for Resident #1, dated September 21, 2017, and for Resident #2, dated September 28, 2017. During the fire drills of October 6, 2017 and November 28, 2017, there was no verification that 1:1 assistance was provided to the two residents who are unable to self-preserve, as only one staff was identified on the fire drill reports.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

Rules (Criteria)	Plan of Correction	Completion Date
§11-89-14 Resident health and safety standards. (d)(3) The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows: Each resident of the facility shall be certified annually by a physician that the resident is capable of self-preservation. A maximum of two residents not so certified may reside in the facility provided that a staff ratio of one-to-one is maintained, at all times, for each of these residents and there are no stairways which must be negotiated by such noncertified residents. As an alternative, the facility shall install an automatic sprinkler system, as defined in the national fire protection association's 101 life safety code. FINDINGS The Lustiana C DDDH has two residents that are unable to self-preserve, as noted by the Self-Preservation Statements for	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? As of January 2, 2018, Resident #2 no longer lives in the home. In the future, should the home have two residents that are unable to self-preserve, the home will be provided with a staffing ratio of one-to-one at all times for each of the residents. During fire drills, there will be documentation verifying 1:1 assistance was provided for these residents on the fire drill reports.	January 2, 2018
Resident #1, dated September 21, 2017, and for Resident #2, dated September 28, 2017. During the fire drills of October 6, 2017 and November 28, 2017, there was no verification that 1:1 assistance was provided to the two residents who are unable to self-preserve, as only one staff was identified on the fire drill reports.		

Rules (Criteria)	Plan of Correction	Completion Date
§11-89-14 Resident health and safety standards. (e)(11) Medications:	PART 1 DID YOU CORRECT THE DEFICIENCY?	
Discontinued or outdated medications shall be disposed of by flushing down the toilet.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
FINDINGS For Resident #1, the physician order of October 12, 2017 noted, Bacitracin 500 unit/g Ointment, apply to affected area 2 times a day for 2 days. Bacitracin Ointment was not listed on the November 2017 medication administration record; however, it was still in the medication container and not disposed of after the two days.	The medication was removed from Resident #2's medication bin and disposed of.	November 30, 2017
		,

Rules (Criteria)	Plan of Correction	Completion Date
§11-89-14 Resident health and safety standards. (e)(11) Medications: Discontinued or outdated medications shall be disposed of by flushing down the toilet.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO	
FINDINGS For Resident #1, the physician order of October 12, 2017 noted, Bacitracin 500 unit/g Ointment, apply to affected area 2 times a day for 2 days. Bacitracin Ointment was not listed on the November 2017 medication administration record; however, it was still in the medication container and not disposed of after the two days.	ENSURE THAT IT DOESN'T HAPPEN AGAIN? Staff received in service training regarding disposal of medication after prescribed period of use. Current protocol is to contact the nurse for removal of discontinued, expired, or damaged medications. As the current Home Manager has resigned, when a new one is in place, the Nurse will follow up on the corrections with them as well.	November 30, 2017
	The nurse will continue her quarterly audits and make written recommendations for changes and corrections. During her audit, the Nurse will also remove any discontinue, expired or damaged medications and inform the Home Manager and staff. The Nursing Manager will provide oversight and conduct random quarterly audits of the client records as well.	·

Rules (Criteria)	Plan of Correction	Completion Date
§11-89-15 Recreational and social activities. (b) The caregiver shall provide and document social and recreational activities for residents on a regular basis and shall encourage participation in activities according to the resident's interest, needs, capabilities, and service plan. FINDINGS For Resident #1, social and recreational activities the resident participated in were not documented regularly in the caregiver	PART 1	
entries.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

Rules (Criteria)	Plan of Correction	Completion
	,	Date
§11-89-15 Recreational and social activities. (b) The caregiver shall provide and document social and recreational activities for residents on a regular basis and shall encourage participation in activities according to the resident's interest, needs, capabilities, and service plan. FINDINGS For Resident #1, social and recreational activities the resident participated in were not documented regularly in the caregiver entries.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Staff were trained to document all social and recreational activities the residents participate in at minimum of 3-4 days a week. This can include activities that are done either in the home or in the community. The Director of Programs and Services will review the caregiver entries on a quarterly basis to ensure the entries are meaningfully and include the type of activity and how the residents responded to the activity.	December 5, 2017

Г	Rules (Criteria)	Plan of Correction	Completion
			Date
	Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; FINDINGS	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	FINDINGS The date that Resident #3 was transferred to another DDDH was not noted on the Admission/Discharge Registry and the date of Resident #4's admission was not noted.	Resident #3 and Resident #4 were entered into the Admission/Discharge Registry by the Director of Programs and Services. Resident #3 was discharged from the home on June 5, 2017 and Resident #4 was admitted to the home on June 6, 2017.	November 30, 2017

Rules (Criteria)	Plan of Correction	Completion Date
§11-89-18 Records and reports. (g)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; FINDINGS The date that Resident #3 was transferred to another DDDH was not noted on the Admission/Discharge Registry and the date of Resident #4's admission was not noted.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Director of Program and Services will ensure the Home Manager enters all admissions and discharges into the Admission/Discharge Registry as they occur. The Director of Program and Services will review the Admission/Discharge Registry on an annual bases to ensure this is done.	January 1, 2018

Licensee's/Administrator's Signature:

Print Name: Christine Menezes, Director of Programs & Services

Date: January 30, 2018