

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Arc in Hawaii – Wahiawa B (DDDH)	CHAPTER 89
Address: 140 B Kuahiwi Avenue, Wahiawa, Hawaii 96786	Inspection Date: September 8, 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.

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-17 <u>General operational policies.</u> (b) Upon admission, there shall be written documentation that the resident, guardian, or next of kin was fully informed of policies governing the resident's care.</p> <p><u>FINDINGS</u> For Resident #1, upon admission on October 1, 2016, there was no verification that resident's legal guardian was informed of policies governing her care.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>See attachment 1. Upon admission, Resident #1's guardian was informed of policies governing her care however the signed policy was removed from her home file by mistake. The policy has since been returned to her file.</p>	<p>September 11, 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-17 <u>General operational policies.</u> (b) Upon admission, there shall be written documentation that the resident, guardian, or next of kin was fully informed of policies governing the resident's care.</p> <p><u>FINDINGS</u> For Resident #1, upon admission on October 1, 2016, there was no verification that resident's legal guardian was informed of policies governing her care.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Home Manager and staff have been instructed not to remove the policy from any resident's file without speaking to the Director of Programs and Services. A copy of the sign policy will also be kept on file at the Administration office should the one at the resident's home become misplaced.</p>	<p>September 11, 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> Resident #1 was admitted into the DDDH on October 1, 2016 and was on Zithromax 250 mg, 1 tab p.o. every day for an upper respiratory infection. The last tablet was given on October 16, 2016; however, there were no caregiver entries regarding resident's use and/or response to the antibiotic.</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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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be submitted to the case manager within twenty-four hours from the time of the incident and shall be retained by the facility under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician shall be called immediately if medical care is necessary.</p> <p><u>FINDINGS</u> For Resident #1, caregiver entry of May 21, 2017 noted that resident had an incident and to refer to the incident report. An incident report, dated May 21, 2017, was not available for review.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The caregiver entry of May 21, 2017 where it indicated an incident report was written was lined out with "error" written above it along with the staff's initials who wrote the entry. The sentence referring to an incident report should not have been written because an incident report was not generated.</p>	<p style="text-align: center;">September 11, 2017</p>

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be submitted to the case manager within twenty-four hours from the time of the incident and shall be retained by the facility under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician shall be called immediately if medical care is necessary.</p> <p><u>FINDINGS</u> For Resident #1, caregiver entry of May 21, 2017 noted that resident had an incident and to refer to the incident report. An incident report, dated May 21, 2017, was not available for review.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Home Manager and staff received in-service training regarding caregiver documentation and incident reporting protocol. Should an incident occur, home staff will contact the necessary administrative staff (Nurse, Director of Programs and Services, Service Supervisor) and describe the incident. At that time it will be decided if the incident requires a report to be generated. If so, staff will document the incident on an incident report form and submit to the Administration Office for review.</p>	<p style="text-align: center;">September 11, 2017</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (1) Special diets shall be provided for residents when ordered by a physician. Caregivers who have not received special diet training may not accept residents requiring special diets until trained by a qualified dietician or nutritionist.</p> <p><u>FINDINGS</u> There was no verification that Caregiver #1 was trained for Resident #1's special diet (soft, low fat, 2000 calorie diet).</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The error was noted prior to the annual monitor however the dietician that is contracted by The Arc in Hawaii was not available for training. The Home Manager participated in a group training addressing diet and food preparations. See attachment 2.</p>	<p>November 16, 2017</p>

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Licensee's/Administrator's Signature: Christine Menezes

Print Name: Christine Menezes, Director of Programs & Services

Date: November 22, 2017

Licensee's/Administrator's Signature: Christine Menezes, DPS

Print Name: Christine Menezes, Director of Programs & Services

Date: March 8, 2018