

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>12G032</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/26/2017</b>
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**OPPORTUNITIES AND RESOURCES, INC (HOL**

**64-1510 KAMEHAMEHA HIGHWAY  
WAHIAWA, HI 96786**

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DOH - STATE HEALTH SERVICES AND

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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9 000 INITIAL COMMENTS

A state re-licensure survey was conducted from 10/24/17 - 10/26/17. At the time of entrance, there were 4 clients residing in the home.

9 000

9 085 11-99-9(c)(2) DIETETIC SERVICES

Modified or therapeutic diets shall be:

Planned, prepared, and served by qualified personnel.

This Statute is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to ensure the client was offered a modified or therapeutic diet that was planned, prepared and served by qualified personnel, with the served food in a form consistent with the client's current needs for 1 of 4 clients (Client #1) in the case sample.

Finding includes:

During the observation of Client #1's lunch on 10/24/17, it was observed the CI pureed all of the client's food items together, except for the orange jello. The pureed food items included the meatballs, rice, and peas and carrots. The client's food became one large light greenish mixture with chunks of orange jello on the side of the plate. The CI was also giving the client thickened water to drink with a spoon. On 10/24/17 at 3:00 PM, during an interview with the CI, she said she pureed the food items together. She was not sure if the Registered Dietitian (RD) had recommended the food to be served this way and when asked how long she has been pureeing Client #1's food, she said, "Last year, doing it. It's been a while." Then, during observation of the client in the home on 10/25/17 at 7:25 AM, the

9 085

The QIDP and Dietician provided retraining to staff that provide meals to ensure that modified or therapeutic diets will be planned, prepared and served by qualified staff. The served food will be in a form consistent with the client's current needs.

11/17/17

Office of Health Care Assurance  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Rose M. Johnson for Susanna J. Cheung*

TITLE  
*Personnel*

(X6) DATE  
*11/20/17*

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9 085	<p>Continued From page 1</p> <p>client was offered soft oatmeal and soft chopped boiled eggs. This food was not pureed nor pureed all together.</p> <p>Record review found the 6/27/17 RD's nutritional assessment stated the client's diet order to be a regular chopped diet. There was no monitoring by the staff as to the correct form and consistency of Client #1's food being given to him. This was acknowledged by the QIDP, LN #1 and LN #2 during an interview with them on the afternoon of 10/26/17. In addition, LN #1 verified the manner in which the client was fed with the pureeing of all his food items together by the CI, was not a dignified way to have plated his meal. They stated more training would need to be conducted of their staff as a result of this.</p>	9 085	<p>The QIDP will observe staff to ensure Meals are planned, prepared and served appropriately and per physician's orders for modified or therapeutic diets and that the thickening powder starch is used as ordered. ORI's Dietician provided training on diets and diet orders to ensure the correct diet consistency is being provided per the physician's order(s)</p> <p>The Dietician and QIDP provided retraining on the correct form and consistency of food offered to Client #1 per physician's order. Retraining will include the proper way to plate food so it is appealing.</p>	11/17/17
9 107	<p>11-99-11(b) RESIDENT DAILY LIVING CARE AND TRAINING</p> <p>The facility staff shall participate in appropriate activities relating to the care and development of the residents including training in activities of daily living and the development of self-help and social skills.</p> <p>This Statute is not met as evidenced by: Based on observation, record review and staff interviews, the facility staff failed to participate in appropriate activities relating to the care and development of the clients including training in activities of daily living and the development of self-help and social skills necessary to implement the individual program plans (IPP) for a client for whom they are responsible, for 1 of 4 clients (Client #1) in the case sample.</p>	9 107	<p>For pureed food diets, each food item will be pureed separately and not mixed together on the plate.</p>	

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9 107	<p>Continued From page 2</p> <p>Finding includes:</p> <p>Client #1 was observed in his classroom on 10/24/17 at 9:45 AM. The client was sitting across from the classroom instructor (CI) who was assisting other clients in the day program. Aside from assisting the client to be toileted from 10:17 AM to 10:35 AM, which took a total of 3 staff, the CI failed to monitor and/or implement the client's active treatment program. Client #1 was observed to only sit at the classroom table with his head tilted back, his eyes mostly closed, his forearms extended upward and clenching his fists. The client would occasionally flail his arms as if he was startled, and appeared very stiff. The CI did not attempt to assess nor engage Client #1 during the morning observation and instead focused on other clients who were counting out and packaging the dog biscuits.</p> <p>During a brief interview with the CI thereafter, she stated Client #1 had two programs, "expressive" and "rec and leisure." She did not attempt to explain what either programs were for Client #1. Then at 11:55 AM, the CI was observed feeding Client #1 in the dining area. She did not talk with the client, but proceeded to stand over him to feed him his pureed lunch.</p> <p>On 10/26/17 at 12:40 PM, during an interview with the QIDP and the two licensed nurses (LN #1 and LN #2), they stated that the CI has been with the facility approximately 20 years. They said Client #1 has only had informal programs since 2015. They acknowledged the CI should have been able to apply her skills and/or techniques as an experienced instructor to ensure Client #1 did his programs during the day program, but failed to do so. Thus, as the CI did not attempt to work</p>	9 107	<p>The QIDP provided one-to-one training with the assigned staff to Client#1 to assure they understand the client's program and that they can demonstrate the skills and techniques necessary to participate in appropriate activities relating to the care and development of the client including training in activities of daily living and the development of self-help and social skills necessary to implement the IPP.</p> <p>The QIDP, RN staff and other IDT members will review Client #1's IPP and make revisions to assure appropriate activities and training are included. The Health Maintenance Plans will be reviewed and updated. The QIDP will train assigned staff on all revisions and updates.</p> <p>The QIDP will demonstrate for the staff the appropriate techniques for assisting Client #1 with his meals. for example, sitting next to the client, engaging him in conversation and telling him which food item he is being offered.</p> <p>The QIDP will document observation of Client #1 and assigned staff and provide retraining to staff as needed.</p>	11/16/17
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9 107	Continued From page 3  with Client #1 nor assess to see whether the client may have needed additional attention due to his current health condition (which was found out later), the CI failed to provide needed services to this client.	9 107		
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, record review and staff interviews, the facility failed to ensure it provided clients with nursing services in accordance with their needs for 1 of 4 clients (Client #1) in the case sample.  Findings include:  1. The licensed nurse (LN #1) failed to ensure there was an accurate baseline measurement for Client #1's Stage 2 pressure ulcer to his left buttock/gluteal area. An observation of Client #1's wound was done in the home on the afternoon of 10/24/17. The LN #1 explained the Mepilex dressing she ordered was not yet available, so the application of Duoderm, per the attending physician, was what the staff were using to heal the wound. However, the client's Health Maintenance Plan (HMP), did not have the initial baseline measurements of the wound identified on 8/1/17. The HMP also did not include measurable goals and there were no weekly skin assessments being done to ensure the client's Stage 2 pressure ulcer was healing or did not deteriorate. On the afternoon of 10/26/17, both LN #1 and LN #2 confirmed the baseline and on-going wound measurements were not being	9 172	The Health Maintenance Plans for Client #1 are being reviewed, revised and updated. The QIDP, RN's and CM's are in the process of revising ORI's Wound Policy which will include instructions on collecting initial baseline data including measurements of the wound. The HMP's will have measurable goals and, at least, weekly skin assessments to determine rate of healing or deterioration. All wound care will be coordinated and provided per orders of the attending physician.	11/16/17

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9 172	<p>Continued From page 4</p> <p>done, and that there were no weekly skin assessments. There also was no wound policy produced, although requested by the State agency.</p> <p>2. Client #1 was also found to have an existing urinary tract infection (UTI) during the survey. Although the client has an HMP to address the UTI, the HMP failed to include measurable goals, including how much (approximate amount) of daily fluids the client should be given in the day program and home to prevent further recurrence of his UTIs. Also, the manner whereby the client was offered fluids to drink was not calculated until the mid-month, and inconsistent as to how it was offered to him. Although stated in the HMP as, "Increased water intake as tolerated," the total of "75" by mid-October did not ensure that an adequate amount of daily fluids were being provided to the client, nor monitored by the licensed staff.</p> <p>In addition, the water offered in the day program was thickened by the CI during his meal. However, in the home, staff were observed giving the client spoonful sips of water to drink without any thickener. Although LN #1 provided a fluid tracking sheet, there was no clear and understandable calculation which showed average daily fluid intakes (i.e., 800 mls) for Client #1. Thus, there was no intake/output tracking method to demonstrate the client's basic fluid needs (hydration) were being met. This was revealed during the 10/24/17 home observation whereby it was found the staff nor home manager understood approximately how many fluid ounces were given to the client after they had given him spoonful sips of water. The staff were uncertain about the fluid ounces and when surveyor stated, "60 cc's?" they nodded yes, although the client</p>	9 172	<p>The Health Maintenance Plan for UTI is being reviewed, revised and update. The HMP will include measurable goals and the amount of daily fluids the client should be given in the day program and in the home in order to prevent recurrence of UTI.</p> <p>It was confirmed with the physician and Dietician the thickening agent is to be used for fluids ingested by the client. The HMP will be revised to include the client's favorite fluids to be offered.</p> <p>Licensed Staff are being re-trained on procedures to review medical orders and revise HMP's to ensure consistency between the physician orders, HMPs and med. logs. The QIDP will observe staff to ensure the thickening powder starch is used as ordered.</p> <p>ORI's Dietician provided training on diets and diet orders to ensure the correct diet consistency is being provided per the physician's order(s). The QIDP and trained staff will institute an order review process to ensure the correct method/delivery of care will be provided to the clients as ordered by the clients' physicians.</p>	<p>11/17/17</p> <p>11/17/17</p>
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9 172	<p>Continued From page 5</p> <p>drank a little more than that. Further, the HMP failed to include the client's favorite fluids to offer nor other fluid substitutes, which may encourage his fluid intake. LN #1 acknowledged it was not included and the fluid intake was not being monitored on a daily basis.</p> <p>3. The licensed staff failed to ensure the client's medical orders were reviewed and included as part of Client #1's HMP for the prevention of UTIs and hydration. Record review done on 10/26/17 found Client #1 had been referred for ENT consults on 1/13/2016 and 12/22/15. On both referrals, the list of the client's current medications included a thickening powder starch to be added to liquids per the physician's order description related to, "For: Problems with swallowing." This order was not carried forward in the resident's current quarterly medication list of 7/29/17 and this was verified by LN #1 and LN #2. As a result, during the day program and home observation, the client was found to be given fluids that either were or were not being thickened by the staff in both settings.</p> <p>In addition, the client's 6/27/17 nutritional assessment noted his diet to be a regular chopped diet, but there was no indication about the client's fluid consistency. However, in the day program on 10/24/17, the client was given a pureed lunch meal to eat, while on 10/25/17 at 7:25 AM, the client was offered soft oatmeal and soft chopped boiled eggs, which were not pureed. Further, the client's Annual IHP states, "Special considerations include monitoring for multiple medical conditions, especially that he is being assisted by 2 caregivers in the night due to CPAP, fall risk precautions, and a pureed diet." Another 4/14/16 order states, "May puree meals" and "Okay to crush medicines..." with the reason</p>	9 172	<p>It was confirmed with the physician and Dietician the thickening agent is to be used for fluids ingested by the client. The HMP will be revised to include the client's favorite fluids to be offered.</p> <p>Licensed Staff are being re-trained on procedures to review medical orders and revise HMP's to ensure consistency between the physician orders, HMPs and med. logs. The QIDP will observe staff to ensure the thickening powder starch is used as ordered.</p> <p>ORI's Dietician provided training on diets and diet orders to ensure the correct diet consistency is being provided per the physician's order(s). The QIDP and trained staff will institute an order review process to ensure the correct method/delivery of care will be provided to the clients as ordered by the clients' physicians.</p>	11/17/17
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9 172	Continued From page 6  that client is, "Unable to tolerate po (oral) tablets non-solids - crumble or crush tablets." On 10/26/17, both LN #1 and LN #2 verified an order review process was needed to ensure the correct method/delivery of care would be provided to the clients as ordered by his physicians.	9 172	It was confirmed with the physician and Dietician the thickening agent is to be used for fluids ingested by the client. The HMP will be revised to include the client's favorite fluids to be offered.  Licensed Staff are being re-trained on procedures to review medical orders and revise HMP's to ensure consistency between the physician orders, HMPs and med. logs. The QIDP will observe staff to ensure the thickening powder starch is used as ordered.  ORI's Dietician provided training on diets and diet orders to ensure the correct diet consistency is being provided per the physician's order(s). The QIDP and trained staff will institute an order review process to ensure the correct method/delivery of care will be provided to the clients as ordered by the clients' physicians.	11/17/17
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