

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Arc in Hawaii – Halawa (DDDH)	CHAPTER 89
Address: 99-545 Halawa Heights Road, Aiea, Hawaii, 96701	Inspection Date: May 10, 2018 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p><u>FINDINGS</u> There was no verification that Caregiver #1 met the annual 8-hour training requirement for certified caregivers.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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 HR Department inadvertently left off the second page of the Personnel/Household Members Information Sheet when it was initially sent for verification. The information has since been included. Also included are training sheets verifying Caregiver #1 has met the annual 8- hours of training as well as a spreadsheet of the trainings. See attachment 1.</p>	<p>May 16, 2018</p>

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<input checked="" type="checkbox"/>	<p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p><u>FINDINGS</u> There was no verification that Caregiver #1 met the annual 8-hour training requirement for certified caregivers.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 HR department will continue to contact the Home Manager as well as the Program and Service Director when they receive the annual update to the Personnel /Household Information Sheet to verify all caregivers utilized. This is to be done prior to submitting the form to The OHCA to ensure all staff utilized in the home is properly documented. In addition to this, the form will now be emailed to the Home Manager to verify all names are on the form to avoid missing Caregivers. A spreadsheet of all trainings along with the hours will also be sent to The OHCA to verify Caregivers have the annual 8-hours of training.</p>	<p>May 18, 2018</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-16 <u>Admission policies.</u> (b)(2) The caregiver shall coordinate with the division for screening, placement, and case management prior to admission.</p> <p>All individual plans shall be monitored and revised at least annually and as necessary by the case manager.</p> <p><u>FINDINGS</u> A current copy of Resident #1's Individualized Service Plan was not on file.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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>Resident #1's ISP was held January 22, 2018. The Service Supervisor for Resident #1 contacted the DOH Case Manager on February 12, 2018, March 13, 2018 and May 3, 2018 to request a copy of the Individualized Service Plan. The Case Manager however never sent it, stating that it was not yet finished. The Director of Programs and Services contacted the Case Manager on May 10, 2018 explaining the requirements of The OHCA. The Individualized Service Plan was delivered to the Resident #1's home by the Case Manager. See attachment 2</p>	<p>May 18, 2018</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> (e)(1) General rules regarding records:</p> <p>All entries in the resident's records shall be written in blue or black ink, or typewritten, shall be legible, dated, and signed with full signature and title by the individual making the entry;</p> <p><u>FINDINGS</u> For Resident #1, caregiver entries were not consistently signed with full signature by the individual making the entry. Entries of December 18, 2017 and December 29, 2017 were signed with first initial and last name. Entry of March 7, 2018 was not signed.</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: Christine Menezes

Print Name: Christine Menezes, Director of Programs and Services

Date: May 21, 2018