

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/18/2018
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NAME OF PROVIDER OR SUPPLIER OPPORTUNITIES AND RESOURCES, INC (HOL	STREET ADDRESS, CITY, STATE, ZIP CODE 64-1510 KAMEHAMEHA HIGHWAY WAHIAWA, HI 96786
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9 000 INITIAL COMMENTS

A re-licensure survey was conducted at the facility from 5/16 - 5/18/18. At the time of entrance, there were 3 clients residing in House 3-C.

9 000

9 005 11-99-4(a) ACTIVE TREATMENT PROGRAM

A plan of treatment shall be developed and implemented for each resident in order to help the residents function at their greatest physical, intellectual, social, emotional, and vocational level.

This Statute is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to ensure a plan of treatment was consistently implemented for each client in order to help the clients function at their greatest physical, intellectual, social, emotional and vocational level as part of their active treatment services for 2 of 3 clients (C2 and C3) in the case sample.

Finding Includes:

1. On 05/16/18 at 4:00 PM, the SA observed C2 at the residential facility (RF) with Staff 1 (S1) who was responsible for active treatment activities at the RF.

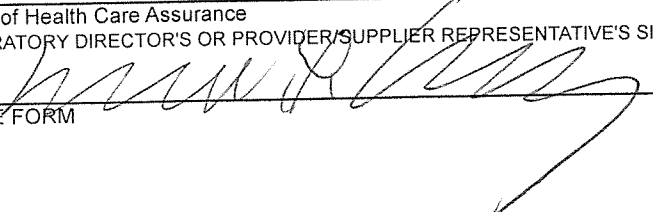
The plans and approaches for self-administration of medications with a goal date of 08/2017, included that C2 would be able to identify his own medications to the satisfaction of the trainer. S1 administered insulin to C2 after testing his blood sugar (BS) using a glucometer and test strip. The client was cooperative and knew what to expect by lifting his T-shirt to get the insulin injected into his left abdominal area. S1 did not

9 005

RF staff responsible for active treatment will be retrained on this client's IPP Plans and Approaches for Self-Administration of Medications to ensure understanding of the objectives and how to implement the program. Part of the retraining will include observing the staff implementing this program, through role-playing with other staff, to ensure the staff understand the IPP and can demonstrate the skills necessary for implementing Active Treatment. QIDP and assigned ICF CM will follow up on the retraining by observing staff implementing the program with the client. The QIDP will correct any errors immediately and will provide additional training to staff until the staff are observed to implement the program correctly. The QIDP will do additional, unscheduled observations to ensure staff are implementing the program correctly and consistently.

6/20/18

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



TITLE

President / CEO

(X6) DATE

6/25/2018

Hawaii Dept. of Health, Office of Health Care Assurance

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9 005 Continued From page 1

explain to C2 about the BS test results or the use of insulin, and S2 just stated, "Too high," (referring to the BS results).

After receiving medications, C2 went back into the bedroom to watch TV. After a few minutes S1 went to ask C2 to come out to the dining table and S1 gave him a puzzle to put together. SA asked S1 if the puzzle activity was part of C2's active treatment program. S1 did not respond.

The plans and approaches for C2 in the RF all with a goal date of 08/2017, included: domestic behavior, to improve on laundering his clothes and underwear; reading, to improve on reading skills; and, money, to identify various denominations of US dollar coins/bills.

On 05/17/18 at 06:30 AM, observed C2 bring his laundry basket to the washer, but S1 told C2 he can do laundry in the afternoon. C2 responded, "You can wash my clothes for me if you like," and returned to the bedroom to watch TV. While watching TV in his bedroom, C2 could be heard talking loudly reacting to TV characters.

During the interview of S3 on 5/18/18 at 12:21 PM, she too, acknowledged she did not fully understand the development and implementation of each of the clients' AT programs, including their IPPs. S3 said she would be talking to S1 about implementing C2's IPPs as outlined in the program's objectives.

2. On 05/17/18 at 6:30 AM, the SA observed that C2 could independently bring the trash bag out of the residential facility (RF) to discard it into the facility's trash dumpster. C2's active treatment plan did not include emptying the trash.

9 005

Staff will be retrained on Active Treatment and the need to understand, implement, and answer questions about the client's active treatment programs. Watching TV and assembling puzzles are leisure activities this client enjoys. When S1 was asked if the puzzle activity was part of his active treatment program, S1 did not know how to respond as it was not a formal program under C2's active treatment program but it was a leisure activity CS enjoys.

6/19/18

Hawaii Dept. of Health, Office of Health Care Assurance

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9 005 Continued From page 2

SA also observed C2 using a cell phone to call a family member. He referred to this person as a "fat bonehead" and could be heard from the living area of the RF. Record review done on 05/18/18 found no documentation the facility knew about C2's cell phone, or that the client was assessed and evaluated for bringing the trash to the large dumpster on the facility grounds. Interview of S3 validated that she did not know about C2's cell phone until a family member called to question the data usage.

The SA also clarified with S3 about C2's plans and approaches for toileting with a goal date of 08/2017, that client will thoroughly follow the proper toileting procedures. The SA queried steps 4-7 with instructions that C2 will place the dirty toilet paper he used to wipe his buttocks after bowel movements in the trash can with physical prompts and verbal cues. According to S3, the previous case manager wrote the client's active treatment plan and approaches. Thus, for the toileting program, S3 was not sure why C2 was using the trash can instead of discarding his dirty toilet paper into the toilet. S3 said maybe C2 was using too much toilet paper and plugged the toilet, and that it probably was not happening anymore. S3 confirmed she did not have documentation on this.

3. Review of C2's and C3's program plans and approaches revealed there was no QIDP to provide the on-going review and revision of the clients' IPPs to ensure they were being implemented as part of their active treatment programs. It was found that C2's and C3's IPPs provided during the entrance did not match the "Goal" dates found in the home binder IPPs during the 5/16/18 home observation. The home binder's copies had goal dates of "08/2017"

9 005

RF staff were not aware of C2's cell phone because the family did not notify staff that he had been given one. The QIDP and CM discussed the phone with C2's guardian during the June 2018 IPP conference. The guardian was reminded that ICF staff need to be notified of any new items such as cell phones and/or tablets so they can be added onto the client's inventory list. It was also discussed that C2's language of referring to his relative as "fat bonehead" is not appropriate. The guardian did not think his language was a problem.

ORI staff will be collecting baseline data of frequency of inappropriate language in the RF, work training site and classroom. The data will be provided to the psychologist to determine if a PBSP is warranted.

The Plans & Approaches for toileting has been revised to include flushing used toilet tissue instead of placing used tissue in the trash can.

6/22/18

Hawaii Dept. of Health, Office of Health Care Assurance

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9 005 Continued From page 3

whereas the IPPs given on entrance had goal dates handwritten as 08/2018. In addition, the last revisions specific to C3's IPPs were last done in July of 2016.

Also, C3's money program #805 stated it was to increase the client's knowledge on the value of money, counting money and promote his independence in money management skills. Although the goal was to teach the client to identify various denominations of US currency, it failed to include a purchase program currently being implemented by C3's current job training coach. These "real life skills" and opportunities for personal growth and learning were not included for a client with the potential to have such skills further developed.

During the interview with S3 on 5/18/18, she acknowledged the revisions were not done on the clients' IPPs after the former QIDP left the facility.

9 005

RF staff responsible for active treatment will be retrained on this client's IPP Plans and Approaches for Self-Administration of Medications to ensure understanding of the objectives and how to implement the program. Part of the retraining will include observing the staff implementing this program, through role-playing with other staff, to ensure the staff understand the IPP and can demonstrate the skills necessary for implementing Active Treatment. QIDP and assigned ICF CM will follow up on the retraining by observing staff implementing the program with the client. The QIDP will correct any errors immediately and will provide additional training to staff until the staff are observed to implement the program correctly. The QIDP will do additional, unscheduled observations to ensure staff are implementing the program correctly and consistently.

6/22/18

9 007 11-99-4(c) ACTIVE TREATMENT PROGRAM

The plan shall be reviewed at least quarterly by a qualified mental retardation professional member of the interdisciplinary team who is designated as the coordinator for the resident's plan of care.

This Statute is not met as evidenced by: Based on observation, record review and interview, the facility did not have a qualified intellectual disability professional (QIPD) to integrate, coordinate and/or monitor each client's active treatment (AT) program for 3 of 3 clients (Clients 1, 2 and 3, and hereinafter as C1, C3, C3) reviewed in the case sample. The facility also failed to ensure the clients' IPPs were

9 007

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9 007	<p>Continued From page 4</p> <p>reviewed at least quarterly by the QIDP.</p> <p>Finding Includes:</p> <ol style="list-style-type: none"> Staff 2 (S2) was interviewed on 5/18/18 at 10:10 AM. S2 stated she was the only QIDP for their ICF-IID clients, including House 3-C. S2 said after their former QIDP left the organization, the current registered nurse/case manager (RN CM), S3, was given the task of being the QIDP for the three clients residing in House 3-C. S2 said S3 was given all three clients' individual program plans (IPPs) to oversee. S2 confirmed that S3 was only the "case manager." S2 said although she was the only QIDP for all of the ICF-IID clients, she did not have the "overarching" role because she had her own case load and S3 had her own. S2 verified she did not know anything about the clients' IPPs in House 3-C. Interview of S3 was done on 5/18/18 at 12:21 PM. She confirmed that S2 is the only QIDP. S3 said although she was assigned to handle the programs for the clients in House 3-C, she acknowledged she did not fully understand the development/implementation of the clients' AT programs, including their IPPs. S3 said she was more focused on the clients' health issues as their RN CM. S3 said although placed in the role to be the QIDP for the House 3-C clients, the training was not enough to fully understand the QIDP's role and responsibilities. During an interview of S11 on 5/18/18 at 1:43 PM, she confirmed there was no QIDP for the 3-C home. 	9 007	<p>There is a plan to hire at least one additional QIDP to provide on-going review and revision of the client's IPP to ensure plans and approaches are being implemented as part of the active treatment programs.</p>	6/18/18
9 009	11-99-4(e) ACTIVE TREATMENT PROGRAM	9 009		

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9 009	<p>Continued From page 5</p> <p>The plan shall include all aspects of the resident's program including services provided outside the facility.</p> <p>This Statute is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the clients' active treatment program, including their IPPs, shall include all aspects of the client's program including services provided outside of the facility for 1 of 3 clients (C3) in the case sample.</p> <p>Finding Includes:</p> <p>During the observation of C3 at his job training site at a military base on the morning of 5/17/18 and an interview of S8 at 8:09 AM, it was revealed the former QIDP never came to assess or evaluate C3's job training program. S8 stated no current QIDP had visited and did not know who the assigned QIDP was. S8 was asked how the client's vocational and self-direction program was developed, and S8 shrugged. He said he did not even know there was a written formal training program for C3. S8 was shown the client's training program #603, and reiterated that he was unaware the client had one.</p> <p>During the interview, S8 concurred that C3 was already at the level where he could complete his tasks at satisfactory levels of quality given verbal cues. S8 agreed that C3's janitorial skills, which were observed to be sweeping and mopping various floors of designated male and female bathrooms and picking up/discarding the rubbish, was not clearly delineated as different tasks on the current IPP.</p> <p>S8 was asked what new skills or training C3 was learning. S8 replied he initiated a work sign in</p>	9 009		
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9 009 Continued From page 6

sheet whereby C3 wrote his name that documented his work hours. S8 said he also monitored how C3 purchased drinks of his choice, such as from the soda machine, as part of C3's money program. S8 said it included coin counting. In addition, S8 stated C3 does puzzle work. S8 stated he was unaware if there were any formal training programs developed for these new skills C3 has been learning at his job training site. S8 said no one has asked him about it all this time.

9 009

9 010 11-99-4(f) ACTIVE TREATMENT PROGRAM

All reviews and modifications of the plan shall be documented in the resident's record which is retained at the facility.

This Statute is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the client's active treatment program, including their IPPs, were modified and documented in the client's record for 1 of 3 clients (C2) in the case sample.

Finding Includes:

On 05/16/18 at 4:15 PM, the SA observed C2 in his residential facility (RF) putting together a puzzle at the dining table. C2 stopped doing the puzzle and used the RF telephone to call a family member, but had to dial several times because the person was not answering the phone. He loudly stated, "She doesn't answer, that woman." When the person finally answered the phone, C2 got excited and spoke loudly into the phone saying, "What are you doing my sexy mama?" The client made plans with this family member for

9 010

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9 010 Continued From page 7

the upcoming weekend and S1 stated that C2 goes to visit this person every Sunday.

On 05/17/18 at 6:45 AM, with no prompting from the RF staff, C2 came out of his room, collected trash from the kitchen and bathrooms, walked out of the RF, crossed the parking lot and went through the gate opening to discard the trash bag into the large facility dumpster. C2 waved and greeted other clients and yelled out, "Good morning," when he passed other client homes. S5 came out of the RF to watch C2 walk back and stated she followed behind but C2 was able to go and return from the dumpster independently on a daily basis.

Later, at 7:15 AM, C2 was heard talking loudly on a cell phone in his room. S1 stated that C2 got the cell phone from a family member so that he could talk to another family member on the mainland. The client stated, "I'm calling my (another family member)," and could be heard talking loudly into the cell phone, "Where's your fat mama? So tell your fat bonehead mama to get up."

The facility document, "Annual CM/QIDP Progress Report," for review period June 2017 - May 2018, Active Treatment (review and progress of each program, including modifications), under III. Positive Behavioral Support Plan (PBSP), found C2 did not have a PBSP. Yet, under V. Progress On Goals, it was written that C2 was making progress towards his long-range goals to develop appropriate social skills, increase his ability to communicate his wants and needs, and to increase his ability to self-direct. It stated the programs were meeting his needs.

On 05/18/2018 at 12:21 PM interviewed S3 who

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Hawaii Dept. of Health, Office of Health Care Assurance

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9 010 Continued From page 8

was the assigned case manager for the RF. S3 admitted that she did not look at the client's IPP and focused more on their health concerns. S3 discovered that C2 had a cell phone when a family member called to question who was using up all of the data because another person was paying the cell phone bill. According to S3, the client was using "plenty data" but was not being monitored for cell phone use. S3 also concurred that C2 was not using appropriate language to communicate and should have been monitored in the RF by their home staff. S3 acknowledged that overall, she too was not familiar with C2's IPPs.

9 010

9 107 11-99-11(b) RESIDENT DAILY LIVING CARE AND TRAINING

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.
This Statute is not met as evidenced by:
Based on observation, record review and staff interview, the facility's staff was unable to demonstrate the appropriate activities, skills and techniques necessary to implement the training and the development of self-help skills for 1 of 3 clients (C3) in the case sample.

Finding Includes:

C3 has a diagnosis of moderate intellectual disability and Down's syndrome. One of C3's programs was the self-administration of medication. During the 5/16/18 afternoon home

9 107

Hawaii Dept. of Health, Office of Health Care Assurance

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9 107	<p>Continued From page 9</p> <p>observation, C3 was found to be very talkative, showed his room to the SA, and interviewed with the SA. However, when C3 was told by S1 to come and take his medication, it was found S1 did not follow/implement the specific steps outlined in C3's IPP. C3 was not given the opportunity to identify the name of his medication as S1 had already taken the pill out for him. The medication was Senna 8.6 mg, 1 tablet. C3 just got a cup of water on his own, picked up the pill which S1 had placed on a napkin and swallowed the pill. S1 did not say anything to C3 about the medication he was taking or what the client was to do as outlined in his IPP.</p> <p>On 5/17/18 at 1:35 PM, S3 verified that S1 failed to implement C3's training program for self-administration of medication. Also, during the interview of S3 on 5/18/18 at 12:21 PM, she too, acknowledged that she did not fully understand the development/implementation of each clients' AT programs, including their IPPs. S3 said she would be talking to S1 about implementing C3's IPP for self-administration of medications.</p>	9 107	<p>RF staff responsible for active treatment will be retrained on this client's IPP Plans and Approaches for Self-Administration of Medications to ensure understanding of the objectives and how to implement the program. Part of the retraining will include observing the staff implementing this program, through role-playing with other staff, to ensure the staff understand the IPP and can demonstrate the skills necessary for implementing Active Treatment. QIDP and assigned ICF CM will follow up on the retraining by observing staff implementing the program with the client. The QIDP will correct any errors immediately and will provide additional training to staff until the staff are observed to implement the program correctly. The QIDP will do additional, unscheduled observations to ensure staff are implementing the program correctly and consistently.</p>	6/20/18
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