Hawaii Dept. of Health, Office of Health Care Assuranc

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	12G034	A. BUILDING: _____ B. WING _____ RECEIVED 19-02-00638	02/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARC IN HAWAII - EWA B	91-824 B HANAKAHI STREET '19 FEB 28 P2:34 PM EWA BEACH, HI 96706

(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
9 000	INITIAL COMMENTS A licensure survey was conducted by the Offfice of Health Care Assurance (State Agency) on 01/29/2019 through 01/31/2019. The census at entrance was four clients.	9 000	Plan of Correction: Home manager was advised to make sure dairy products are used or discarded by the expiration date as marked on the manufactures label. RN's attended a 2 hour training on Food and Safety conducted by the Department of Health on Feb. 15, 2019. It was recommended dairy products not be used after the expiration date. Going forward Home Managers will no longer purchase and freeze dairy products (ie: milk).	2/15/19
9 091	11-99-9(d)(2)(A) DIETETIC SERVICES All food shall be procured, stored, prepared, distributed, and served under sanitary conditions. This Statute is not met as evidenced by: Based on observation and interview with staff member, the facility did not ensure food was stored to conserve nutritive value. Findings include: On 01/29/2019 at 2:20 PM observation with the Home Manager (HM) found a container of yogurt in the refrigerator that was not opened with a manufacturer's expiration date of 01/26/2019. Another container of yogurt was found, it was opened and labeled with an open date of 01/18/2019 and a manufacturer's expiration date of 01/26/2019. The HM reported the yogurt was defrosting in the refrigerator, queried how long are food items kept in the refrigerator after first usage. The HM responded, three days, the HM decided to throw out both containers of yogurt. Further observation found an opened container of vanilla silk milk. The milk was labeled with an open date of 01/16/2019, the HM threw out the milk. On 01/31/2019 at 8:40 AM an interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP). Inquired whether the facility has a policy for storing of food once it is opened and what would be the	9 091	Systemic: Policy and Procedure for Food Safety will be written by Nurse Manager reflecting the above. Home Managers and staff will be trained on the policy by March 30, 2019 Quality Assurance: Home managers to check the refrigerator daily to ensure expired foods are discarded. Assigned RN to check the refrigerator during their weekly visits and address findings with the Home Manager immediately.	3/30/19 3/30/19

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Director of Programs & Services — (X6) DATE: 2/25/19

3/1/19 – copy to KW ; pr

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9 091	Continued From page 1 expiration of food items after freezing (yogurt). The QIDP reported the facility does not have a policy for food storage. The QIDP also reported the practice is to serve food items first in and first out. On 01/31/2019 at approximately 8:30 AM a voice message was left for the facility's contracted Registered Dietitian (RD) to contact surveyor. There was no return call from the RD.	9 091		
9 154	11-99-16(a)(3) IN-SERVICE EDUCATION There shall be a staff in-service education program that includes: In-service training shall include annually: Prevention and control of infections, fire prevention and safety, accident prevention, resident's rights, and problems and needs of the mentally retarded. This Statute is not met as evidenced by: Based on a review of the personnel record provided by the facility and interview with staff member, the facility failed to ensure annual in-service training was done for fire safety, infection control and medication administration was completed by staff members. Findings include: On 01/31/2019 at 9:34 AM the Training Coordinator (TC) provided documentation of the staff in-service record. A concurrent review was done with the TC. The TC confirmed the following: 5 of 9 staff members did not complete the annual in-service training for fire safety; 1 of 9 staff members did not complete the in-service	9 154	Plan of Correction: Training Coordinator prepared a Fire Prevention Video and sent to all ICF homes for Home Manager and staff to watch. All home staff will be required to view the training with verification provided by a sign-in sheet. Assigned RN also conducted a Medication Administration and Infection Control training at the home on 2/26/19. Staff who were not able to view the training video or attend the Medication Administration and Infection Control training will have till 3/30/19 to complete.	3/30/19

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9 154	Continued From page 2 training for infection control; and 1 of 9 staff members did not complete the in-service training for medication administration.	9 154	Systemic: The Training Coordinator will be responsible to keep record of all mandatory trainings that employees complete. The Training Coordinator will inform the ICF Program Manager of employees who have missed any mandatory trainings and will be responsible in assisting the Training Coordinator to schedule a make-up training session. Quality Assurance: Training Coordinator will continue to keep record of all trainings. ICF Program Manager and Training Coordinator will discuss quarterly all employees who missed mandatory trainings. A written notice will be sent out to Home Manager and employee with date of make-up training session. Employees are responsible for attending and completing mandatory trainings annually and as needed. If trainings are not completed it will result in disciplinary action leading up to termination.	3/30/19 On-going