Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Arc in Hawaii-Waipahu A (DDDH)	**CHAPTER 89**
Address: **94-060A Poailani Circle, Waipahu, Hawaii 96797**	**Inspection Date: August 15, 2019 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.

STATE OF HAWAII
DEPT OF HUMAN SERVICES
STATE LICENSING
'19 SEP -3 P3:12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-14 Resident health and safety standards. (e)(5) Medications: All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition. **FINDINGS** Resident #1 – physician's current order includes Guaifen-Pseudoeph 600/60 ER as needed. However, the medication is not available for resident's use.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Decision was made to discontinue the medication because it has not been used for over a year. D/C order was obtained from the PCP. See attached.	8/23/19

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☒	§11-89-14 Resident health and safety standards. (e)(5) Medications: All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition. **FINDINGS** Resident #1 – physician's current order includes Guaifen-Pseudoeph 600/60 ER as needed. However, the medication is not available for resident's use.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** General practice is to have prn medication on hand and to refill as needed. If a prn is no longer used a discontinue order will be obtained. If the physician feels the prn should remain on the treatment list but does not want to refill the medication it will be noted in the interdisciplinary entries.	8/23/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-18 Records and reports. (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. **FINDINGS** Resident #1 – Incident report was kept in the resident's binder.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The Incident Report was removed from the resident's binder and filed in the incident report binder.	8/15/19

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☒	§11-89-18 Records and reports. (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. **FINDINGS** Resident #1 – Incident report was kept in the resident's binder.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** The home manager was reminded that incident reports are to be kept separately from the resident's binder. The Director of Programs and Services will review resident and incident report binders annually to ensure reports are not being kept in any of the resident binders.	8/16/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-18 Records and reports. (e)(5) General rules regarding records: All records shall be complete and current and readily available for review by the department or any responsible placement agency. **FINDINGS** Resident #1 – current medication list in "Identification Information" sheet dated 7/25/2019 was not up to date.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The Identification Information sheet was updated.	8/15/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-18 Records and reports. (e)(5) General rules regarding records: All records shall be complete and current and readily available for review by the department or any responsible placement agency. **FINDINGS** Resident #1 – current medication list in "Identification Information" sheet dated 7/25/2019 was not up to date.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** The home manager and assigned RN were reminded that any changes made to a resident's information must be updated in their ID sheet. The assigned RN will ensure the resident's information on their ID sheet is updated and accurate during their random quarterly checks. Any inaccurate information will be discussed with the home manager and changes made.	8/30/19

Licensee's/Administrator's Signature: Christine Menezes

Print Name: Christine Menezes, Director of Programs & Services

Date: August 25, 2019

Attachment 1

The Arc.
in Hawaii

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Client's Name: [redacted] Date: 8/23/19

Physician/Specialty: Dr. Kelly

Comments: Muscinex D 600/60 ER

Consultation / Progress Note

Weight: _____ Vital Signs: B/P: _____ P: _____ R: _____ T: _____

Return Visit:

Physician Orders

Discontinue Muscinex D 600/60 ER

Melanie Kelly, MD
BH0503929
Physician Name

Physician Signature

AUG 23 2019
Date

Please return by fax (808) 732-9531
3989 Diamond Head Road – Honolulu, HI 96816

The Arc™
in Hawaii

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August 27, 2019

Office of Health Care Assurance
State Licensing Section
601 Kamokila Boulevard, Room 361
Kapolei, Hawaii 96707

Dear Ms. Fukutomi:

RE: The Arc in Hawaii-Plan of Correction for Waipahu A Developmental Disabilities Domiciliary Home (DDDH) at 94-060 A Poailani Circle, Waipahu, Hawaii 96797

The Plan of Correction to address the deficiencies noted in the Waipahu A DDDH deficiency report on August 15, 2019 is attached. If there are any questions regarding the Plan of Correction, please give me a call at 695-3728. You may also speak with Lei Fountain, Executive Director at 695-3704

Sincerely,

Christine Menezes,
Director of Program and Services

Attachments