

Hawaii Dept. of Health, Office of Health Care Assurance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G035 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED 01/15/2021 |
| NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - EWA C | | | STREET ADDRESS, CITY, STATE, ZIP CODE 91-824 C HANAKAHI STREET 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 relicensing survey was conducted by the State Agency (SA) from 01/13/21 through 01/15/2021. The facility was found not to be in compliance with Hawaii administrative rules Title 11, Chapter 99, subchapter 1 program requirements. Survey dates 01/13/21 to 01/15/21. Census: Five clients. Sample size: Four clients. | 9 000 | <p>RECEIVED STATE OF HAWAII DEPARTMENT OF HEALTH OFFICE OF HEALTH CARE ASSURANCE 21 FEB 19 PM 1:42</p> | | |
| 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, interview and record review, the facility failed to monitor psychotropic medication side effects for one client (C)4. The deficient practice interfered in his ability to actively participate in daily activities. Surveyor observed C4 on 01/15/21 at 05:30 AM, at the home, sitting on couch in front of TV in the living room with his head inside his shirt making snoring sounds. The home manager (HM) stated that he is really sleepy and thinks it's from his medication, because he sleeps all night. He is taking the Lithium (a medication used to treat bipolar disorder) and although the doctor recently decreased his dosage he is still very sleepy. He goes to monthly medication appointments and talks to the doctor about his medication. At 06:30 AM the HM prompted C4 to wake up, stand up to participate in an exercise activity. The program staff were actively participating in a | 9 172 | | | Plan of Action: List of Adverse Reactions of Medications used for Behavior was reviewed with the Home manager at the time of surveyor exit. Assigned nurse will write a new HMP for Alteration in Mood and Behavior which will reflect monitoring of adverse effects of psychotropic medication(s) client (C)4 is currently taking. Formal Training with the Home manager and staff will be conducted by February 26, 2021. Systemic: Policy and Procedure on obtaining consents for Psychotropic Medications to include the monitoring and reporting of medication(s) adverse effects by Nurse Manager. HMPs for all ICF clients to be reviewed and revised by assigned nurse quarterly or as need arises to reflect possible adverse effects of psychotropic medication. An Adverse reactions of medications used for behaviors list to be revised and distributed to all ICF homes and added to Med Mar. Staff formal training on revised HMPs will to be done by March 31, 2021. |

Office of Health Care Assurance

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

STATE FORM

5899

J5XD11

If continuation sheet 1 of 4

Wayne Bon RN, ICF - PROGRAM MANAGER 2/18/21

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE ARC IN HAWAII - EWA C

91-824 C HANAKAHI STREET
EWA BEACH, HI 96706

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| 9 172 | <p>Continued From page 1</p> <p>Zumba video with the clients. Staff prompted C4 to get up and participate in the activity. C4 was standing but not moving his arms. HM continued to encourage C4 to move his arms with the video but he just continued to stand. At 06:45 AM Surveyor observed C4 sitting back down on the couch, with his head in his shirt, sleeping.</p> <p>Surveyor reviewed the medical record for C4 on 01/15/21 at 9:30 AM. Diagnosed with mild Intellectual disability, bipolar disorder 1, autism, obsessive compulsive disorder (OCD), and post-traumatic stress disorder (PTSD).</p> <p>Surveyor reviewed the health maintenance plan dated 12/19/20. Noted the plan did not include psychotropic medication monitoring for adverse effects.</p> <p>Surveyor reviewed the informed consent for medication antipsychotic's dated 10/20/20. Medications: Clozapine (an antipsychotic medication) 100 milligram (mg) tab; take 1 tab by mouth (PO) at every bedtime (QHS). Lithium carbonate 300 mg tab; take 1 tab PO QHS 12/11/20. Clozapine 25 mg tab; take 3 tabs PO QHS. Clonidine (a medication used to treat attention deficit hyperactivity disorder 0.1 mg tab; take 3 tabs PO QHS.</p> <p>Surveyor reviewed the QA ICF/IID team meeting nursing progress report, 12/11/20. 11/13/20: Monthly psychiatry appointment with psych via telehealth. No changes. Need labs before next appointment. Follow up in 1 month.</p> <p>Surveyor reviewed the Policy and Procedure for Obtaining Consents for Psychotropic Medication. Dated 2018 on 01/15/21 at 11:30 AM. Policy describes the process for obtaining written</p> | 9 172 | <p>Cont. Quality Assurance</p> <p>Nurse to go over updates on HMP's to reflect drug adverse effects of psychotropic medications during ID team monthly meeting and will be reflected in nurse's monthly notes. Nurse Manager to provide quarterly oversight to ensure compliance. Findings to be discussed with assigned nurse as needed and when corrections are made.</p> | on-going |

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| 9 172 | <p>Continued From page 2</p> <p>consent to provide psychotropic medication. The policy did not specify the monitoring and reporting of medication side effects.</p> <p>Surveyor reviewed the Policy and Procedure for Distributing medications/ treatments to Home/ Day Program personnel dated 2018 on 01/15/21 at 11:30 AM. Describes the process for medication administration to home or day program personnel. Policy did not specify the monitoring of medication side effects or reporting of medication side effects.</p> <p>Surveyor interviewed the registered nurse (RN) 1 and 2 on 01/15/21 at 12:05 PM and asked how are clients on psychotropic medications being monitored for side effects and effective treatment? RN1 responded, they have a list of side effects in the house, when the medication is delivered the information is provided to the staff. When a new medication is started we provide the training to the new staff. The nurses go to the home at the end of the month and check the medication administration record (MAR). We check it and make sure everything is correct, we match the new MAR to the old MAR.</p> <p>Regarding C4 we have monthly meetings to discuss any medication side effects. The Psychiatrist monitors his labs. The lithium has tapered down since he has been here. The HM will talk to the doctor at the monthly medication meetings and discuss any concerns.</p> <p>Surveyor asked how are medication side effects reported to the RN? RN1 responded that the staff either calls the nurse if there is a concern and the nurse can come out to the home to make an assessment. Surveyor asked if the care plan would include the monitoring of side effects of the</p> | 9 172 | This page intentionally left blank. | |

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| 9 172 | Continued From page 3 psychotropic medications. RN1 responded that it should be on the care plan, but when she reviewed the plan did not find monitoring psychotropic medication side effects. | 9 172 | This page intentionally left blank. | |