No. 1083 P. 2

PRINTED: 02/05/2021 FORM APPROVED

Hawali Dept, of Health, Office STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		12G035	B. WING_		1/15/2021	
NAME OF F	PROVID E R OR SUPPLIER	STREETAD	DRESS, CITY	, STATE, ZIP CODE		
THE ARC	IN HAWAII - EWA C	- · · · · ·	HANAKAHI			
	_		CH, HI 967	PROVIDER'S PLAN OF CORRECTION	(X6)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLE DATE	
9 000	INITIAL COMMENTS		9 000		nd general	
}	Agency (SA) from 0 The facility was four with Hawall adminis 99, subchapter 1 pro	was conducted by the State 1/13/21 through 01/15/2021. Ind not to be in compliance trative rules Title 11, Chapter ogram requirements.		21-02-00100001 FEB 19 P1:42		
ĺ	Survey dates 01/13/ Census: Five clients					
	Sample size: Four					
	11-99-20(a) NURSING SERVICES		9 172	Plan of Action: List of Adverse Reactions of Medications use	d 2/26/21	
	services in order to rededs of residents. This Statute is not not be assed on observation review, the facility farmedication side effected interests.	ch facility shall provide nursing vices in order to meet the nursing eds of residents. It is statute is not met as evidenced by: sed on observation, interview and record liew, the facility failed to monitor psychotropic dication side effects for one client (C)4. The client practice interfered in his ability to vely participate in daily activities.		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 b February 26, 2021.	у	
	at the home, sitting of living room with his he snoring sounds. The that he is really sleep medication, because taking the Lithium (a bipolar disorder) and decreased his dosaggoes to monthly medically to the doctor about 16:30 AM the HM stand up to participat the program staff we	of 4 on 01/15/21 at 05:30 AM, on couch in front of TV in the lead inside his shirt making a home manager (HM) stated by and thinks it's from his he sleeps all night. He is medication used to treat although the doctor recently he he is still very sleepy. He ication appointments and out his medication. prompted C4 to wake up, he in an exercise activity.		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.	3/31/21	
e of Health	1 Care Assurance	VEUPPLIER REPRESENTATIVE'S SIGN	ATURE	TITLE	(X6) DATE	
MICHIE	DIRECTOR OR PROVIDER	D CONTRACTOR NAME OF THE OF TH	TONE	and Handagien	-10%	

No. 1083

83 P. 3 PRINTED: 02/05/2021 FORM APPROVED

SINTEMENT OF DEFICIENCIES AND PLAN OF CORRECTION 12G035	Hawaii Dept. of Health, Office of Health Care Assuranc							
NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - EWA C THE ARC IN HAWAII - EWA C SUMMARY STATEMENT OF DEPOINTING SUPPLIER SUMMARY STATEMENT OF DEPOINTING SUPPLIER RESULATION OR LSC IDENTIFYING INFORMATION) 9 172 Continued From page 1 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 encourtage C4 to move his arms with the video but he just continued to stand. At 06:46 AM Surveyor observed C4 stitting back down on the couch, with his head in his shirt, sleeping. Surveyor reviewed the medical record for C4 on 01/15/21 at 9:30 AM. Diagnosed with mild intellectual disability, blociar disorder 1, autism, obsessive compulsive disorder (CCD), and post-traumatic stress disorder (PTSD). Surveyor reviewed the health maintenance plan dated 12/19/20. Noted the plan did not include psychotropic medication antipsychotic edication. 100 milligram (mg) lab; take 1 tab by mouth (PC) at every bedfirme (OHS). Lithium carbonate 300 mg lab; take 6 tabs PO QHS. 12/11/20. Clozapine 25 mg tab; take 3 tabs PO QHS. 12/11/20. Clozapine 26 mg tab; take 1 tab by mouth (PC) at every bedfirme (OHS). Lithium carbonate 300 mg tab; take 1 tab by mouth (PC) at every bedfirme (OHS). Lithium carbonate 300 mg tab; take 3 tabs PO QHS. 12/11/20. Clozapine 25 mg tab; take 3 tabs PO QHS. Surveyor reviewed the ACR (CF/IID team meeting nursing progress report, 12/11/20. 11/13/20: Monthly psychiatry appointment with psych via telepeath. No charges. Need labs before next appointment. Follow up in 1 month. Surveyor reviewed the Policy and Procedure for Obtaining Consents for Psychotropic Medication.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		1		(X3) DATE SURVEY			
NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - EWA C PAGE OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - EWA C PAGE OF PROVIDERS PLAN OF CORRECTION EWA BEACH, MI 98708 PREFIX PAGE OF PROVIDERS PLAN OF CORRECTION EWA DESCRIPTION PROPRIATE OF DEPICIENCIES (PACH DEPICIENCY MUST BE PRECEDED BY PILL). THE PROVIDER PROVIDERS PLAN OF CORRECTION PROVIDER CROSS REPERBEDIATION OF CONTROL OF THE PROVIDER PROVIDERS PLAN OF CORRECTION PROVIDER CROSS REPERBEDIATION OF CONTROL OF THE PROVIDER PROVIDERS PROVIDED BY THE PROVIDER PROVIDERS PROVIDED BY THE PROVIDER PROVIDER CONTROL OF THE PROV	AND PLAN	TOP CORRECTION	(DEITH IOTHOR HOME	A BUILDING	3:			
THE ARC IN HAWAII - EWA C MAI ID PREETX SUMMARY STATEMENT OF DEPICIENCIES (EACH DESIGNEY MUST BE PRECEDED BY FULL TAGE PROVIDER'S PLAN OF CORRECTION (EACH DESIGNEY MUST BE PRECEDED BY FULL TAGE PRECED BY FULL			12G035	B. WING		01/	15/2021	
THE ARG IN HAWAII - EWA C (X4) ID (X4) EWA C RECOMMENT OF DEPICIPACIES PRECEDED BY FILL	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
PREFIX TAO 9 172 Continued From page 1 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 stilling back down on the couch, with his head in his shirt, sleeping. Surveyor reviewed the medical record for C4 on 01/15/21 at 9:30 AM. Diagnosed with mild intellectual disability, bipolar disorder (OCD), and post-traumatic stress disorder (OCD), and post-traumatic stress disorder (OCD), and dated 12/19/20. Noted the plan did not include psychotropic medication monitoring for adverse effects. 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. Clondidine (a medication) used to treat attention deficit hyperactivity disorder 0.1 mg tab; take 3 tabs PO QHS. Clondidine (a medication) used to treat attention deficit hyperactivity disorder 0.1 mg tab; take 3 tabs PO QHS. Surveyor reviewed the QA ICF/IID team meeting nursing progress report, 12/14/20. 11/3/20. Monthly psychiatry appointment with psych via telehealth. No changes. Need labs before next appointment. Follow in 1 month. Surveyor reviewed the Policy and Procedure for Obtaining Consents for Psychotropic Medication.	THE AR	C IN HAWAII - EWA C						
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 08:45 AM Surveyor observed C4 slitting back down on the couch, with his head in his shirt, sleeping. 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). Surveyor reviewed the health maintenance plan dated 12/19/20. Noted the plan did not include psychotropic medication monitoring for adverse effects. Surveyor reviewed the informed consent for medication antipsychotic medications. Cozapine (an antipsychotic medications) 100 milligram (mg) tab; take 1 tab by mouth (PO) at every bedfine (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. 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 charges. Need labs before next appointment. Follow up in 1 month. Surveyor reviewed the Policy and Procedure for Obtaining Consents for Psychotropic Medication.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE	
Dated 2018 on 01/15/21 at 11:30 AM. Policy describes the process for obtaining written		Zumba video with the to get up and particle standing but not more to encourage C4 to but he just continue Surveyor observed couch, with his head couch, with	ne clients. Staff prompted C4 ipate in the activity. C4 was bying his arms. HM continued move his arms with the video d to stand. At 06:45 AM C4 sitting back down on the d in his shirt, sleeping. The medical record for C4 on the din his shirt, sleeping. The medical record for C4 on the din his shirt, sleeping. The medical record for C4 on the disorder (OCD), and solicorder (OCD), and solicorder (PTSD). The health maintenance planted the plan did not include ation monitoring for adverse the informed consent for notic's dated 10/20/20. Soine (an antipsychotic igram (mg) tab; take 1 tab by bedtime (QHS). Lithium ab; take 1 tab PO QHS 25 mg tab; take 3 tabs PO redication used to treat ractivity disorder 0.1 mg tab; and the QA ICF/IID team meeting ort, 12/11/20. 11/13/20: popointment with psych via ges. Need labs before next up in 1 month. The Policy and Procedure for for Psychotropic Medication. In the Policy and Procedure for for Psychotropic Medication. In the Policy and Procedure for for Psychotropic Medication. In the Policy and Procedure for for Psychotropic Medication. In the Policy and Procedure for for Psychotropic Medication. In the Policy and Procedure for for Psychotropic Medication.	9 172	Quality Assurance Nurse to go over updates on HMP's to drug adverse effects of psychotropic medications during ID team monthly and will be reflected in nurse's month Nurse Manager to provide quarterly of to ensure compliance. Findings to be discussed with assigned nurse as need	meeting ly notes, versight	on-going	

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No. 1083 P. 4 PRINTED: 02/05/2021 FORM APPROVED

Hawaii Dept. of Health, Office of Health Care Assuranc							
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		12G035	B. WING		01/	15/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE			
		91-824 C l	HANAKAHI	STREET			
THE ARG	OIN HAWAII - EWA C	EWA BEA	CH, HI 9670	06			
(X4) ID PREFIX TAG	(FACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE	
9 172	Continued From page	ge 2	9 172 This page intentionally left blank.				
	consent to provide psychotropic medication. The policy did not specify the monitoring and reporting of medication side effects.						
	Surveyor reviewed the Pollcy 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 administ program personnel. monitoring of medic	ration to home or day Policy dld not specify the atlon side effects or reporting					
	of medication side e						
	and 2 on 01/15/21 a are clients on psych- monitored for side e						
	side effects in the ho delivered the informa	ponded, they have a list of buse, when the medication is ation is provided to the staff. ation is started we provide the			į		
	training to the new s home at the end of t medication administr	taff. The nurses go to the he month and check the ration record (MAR). We					
·	check it and make somatch the new MAR	ure everything is correct, we to the old MAR.			į		
	discuss any medicat	ve monthly meetings to lon side effects. The his labs. The lithium has					
	tapered down since	he has been here. The HM at the monthly medication					
	reported to the RN? staff either calls the r and the nurse can co an assessment. Sur	are medication side effects RN1 responded that the nurse if there is a concern ome out to the home to make veyor asked if the care plan onitoring of side effects of the			-		

J5XD11

No. 1083 P. 5 PRINTED: **02/05/2021** FORM APPROVED

Hawaii Dept. of Health, Office of Health Care Assuranc							
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		12G035	B. WING		01/	15/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
	C IN HAWAII - EWA C		HANAKAHI				
ITEAR			CH, HI 967				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
9 172	Continued From page	ge 3	9 172	This page intentionally left blank.			
	psychotropic medica should be on the ca	ations. RN1 responded that it re plan, but when she id not find monitoring					
And the second s							