

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>12G038</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/21/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE ARC OF MAUI - HALE KANALOA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>450-B KANALOA AVENUE KAHULUI, HI 96732</b>
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(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
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9 000	<p><b>INITIAL COMMENTS</b></p> <p>A relicensing survey was conducted by the Office of Health Care Assurance from May 19, 2021 to May 21, 2021. A facility reported incident (ACTS #8826) was also investigated and substantiated. The facility was not in compliance with Title 11, Chapter 99, Subchapter 1, Small Intermediate Care Facilities for Individuals with Intellectual Disabilities.</p> <p>Survey Census: 5</p>	9 000	<p><b>Reference Tag ID 9 277</b></p> <p><b>11-99-29 (a) RESIDENT RIGHTS</b></p> <p><b>The facility failed to ensure that client was not subjected to physical abuse.</b></p> <p>To correct this issue for Client (c) 1, the incident was reported to Adult Protective Services (APS) and the client's guardian notified. The agency conducted a thorough internal investigation. The investigation included interviews with all staff involved. The perpetrator was put on paid leave pending the completion of the investigation.</p> <p>Following the completion of the internal investigation, the perpetrator was terminated. The reporter who witnessed the incident resigned, and the other staff who also witnessed the incident, received a temporary suspension and retraining. APS notified the agency that they would be opening a case.</p> <p>To ensure no other clients were affected, the perpetrator was terminated, the reporter who witnessed the incident resigned, and the other staff who witnessed the incident, received a temporary suspension and retraining. All staff were retrained regarding the agency's mandatory reporting policy.</p>	6/15/21
9 277	<p><b>11-99-29(a)(8) RESIDENT'S RIGHTS</b></p> <p>Written policies regarding the rights and responsibilities of residents during their stay in the facility shall be established and shall be made available to the resident, to any guardian, next of kin, sponsoring agency or representative payee, and to the public. The facility's policies and procedures shall provide that each individual admitted to the facility shall:</p> <p>Not be humiliated, harassed, injured, or threatened and shall be free from chemical and physical restraints. This does not exclude use of medication for treatment as ordered by a physician. Physical restraints may be used in an emergency, when necessary, to protect the resident from injury to himself or herself or others. In such an event, the resident's physician shall be notified as soon as possible and further orders obtained for care of the resident.</p> <p>This Statute is not met as evidenced by:</p>	9 277		

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

*Nellie Sley*

TITLE  
*Program Director*

(X6) DATE  
*6/15/21*

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9 277	<p>Continued From page 1</p> <p>Based on review of facility reported incident, staff interview, observations, and review of records, the facility failed to ensure that Client (C) 1 was not subjected to physical abuse.</p> <p>Findings Include:</p> <p>On 05/19/21 at 08:30 AM a review of the facility reported incident revealed the following: 04/27/21 - staff witnessed physical abuse (staff to client, C1) while working at the facility several months ago. Staff did not report this because they were newer staff and afraid that the alleged perpetrator would be angry. However, staff could no longer live with this information and reported it to the Resident Manager (Mgr).</p> <p>During an interview with the Program Director (Dir) on 05/19/21 at 09:30 AM, Dir acknowledged the abuse incident but stated that the facility had completed a full investigation and that measures had been taken, and were in place, to protect their clients and prevent this from happening again.</p> <p>Observations of all clients in the facility were made between 05/19/21 at 10:00 AM to 05/21/21 at 11:00 AM which did not reveal any abuse or punishment.</p> <p>On 05/21/21 at 11:00 AM, a review of the facility's full investigation conclusion showed the following measures taken: C1's guardian was notified of the incident, Adult Protective Services (APS) was made, safety measures against staff were taken, staff retraining regarding mandated reporting was done.</p>	9 277	<p>A systematic change to prevent recurrence included meeting with the agency management team to review the incident and review the agency's policy regarding mandatory reporting requirements. In addition, the agency coordinated a training with APS and they will be doing a training at our monthly manager's meeting next month.</p> <p>To monitor this corrective action, the resident manager will implement one random drop-in observation weekly during various shifts for a period of two months. He will document staff's correct implementation of active treatment to ensure the safety and protection of rights for all residents.</p> <p>Monitoring documentation will be reviewed by the Program Director and located in the QA binder.</p>	
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