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
	12G037	A. BUILDING: _____ B. WING _____	06/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARC OF MAUI - MANA OLA	450 KANALOA AVENUE KAHULUI, HI 96732

(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 re-licensure survey was conducted by the Office of Health Care Assurance. The facility was found not to meet the regulatory requirements for Chapter 99, Intermediate Care Facilities for Individuals with Intellectual Disabilities. Survey Dates: 06/23/21 to 06/25/21 Census: 5 Clients Sample Size: 3 clients and one Add-On Client	9 000	**Reference Tag ID 9 005** **11-99-4 (a) ACTIVE TREATMENT PROGRAM** **The facility did not assure client received continuous active treatment program.** To correct this issue for Client (c) 1, staff in question were retrained on the agency's existing Active Treatment protocol and Client (c) 1's Household Tasks habilitation program. Although client has a high refusal rate, staff are required to continue to encourage participation with creative approaches, identifying motivating factors to keep client engaged, and an awareness of antecedents to prevent potential behavioral issues. To ensure no other clients were affected, habilitation programs for all clients were reviewed and observations done with staff and other clients. No other issues were identified. A systematic change to prevent recurrence is all staff in the residence were retrained on the agency's existing Active Treatment protocol. This protocol states: "Active Treatment is an essential element in the ICF/ID model.	7/19/21
9 005	11-99-4(a) ACTIVE TREATMENT PROGRAM A plan of treatment shall be developed and implemented for each resident in order to help the residents function at their greatest physical, intellectual, social, emotional, and vocational level. This Statute is not met as evidenced by: Based on observation, record review and interview with staff members, the facility did not assure one (Client 1) of three clients received continuous active treatment program for residential habilitation program, household tasks. C1's active treatment program for household tasks was not implemented nor was C1 asked to participate. Findings include: Client (C)1 was admitted to the facility on 10/13/20 with diagnosis of right frontoparietal craniotomy for resection of meningioma. Prior to her surgery, C1 did not reside in an intermediate care facility for individuals with intellectual functioning (ICF/IID). C1 was approved for ICF/IID during her rehabilitation from her surgery. C1 will be transitioned to a community-based setting as she will no longer require active	9 005		

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Program Director — 7/19/21

7/21/21 -

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9 005	Continued From page 1 treatment. On 06/23/21 at 02:11 PM observed C1 come out of her room and sit in a recliner to participate in the house meeting. After the meeting, C1 assisted with the snack, placing the water pitcher on the table. C1 ate the snack of her choice, yogurt. At 02:40 PM, C1 returned to sit in the recliner. C1 then went outside to ride the stationary bike and upon return went to the recliner and did some exercise (squats). At 03:32 PM, C1 sat in the recliner until dinner at 05:00 PM. Staff member prepared the dinner meal, heating frozen fish sticks and french fries. At the end of the meal, C1 took her dishes to the sink and staff member cleared and wiped the table. C1 was not observed to participate in the meal preparation (cooking, setting table, clean-up, etc.). Staff members did not approach C1 to participate in meal preparation. Record review found C1 has an active treatment plan for residential habilitation which includes household tasks. The goal is for C1 to improve activities of daily living and increase independent performance of tasks. Possible tasks include cleaning room, making bed, doing laundry, help with shopping, washing dishes, setting/clearing table, helping in kitchen, and wiping windows and doors. On 06/25/21 at 09:45 AM an interview was conducted with the Case Manager (CM) and Registered Nurse (RN) at the administrative office. Inquired whether C1 would be able to assist in helping for meal preparation. The CM reported the client has high cognitive level with high refusal rate. RN reported staff members probably could be more proactive in engaging C1; however, may have been avoiding behavior. RN	9 005	It is not only our responsibility to ensure active treatment is provided for the clients we serve, but also mandated by State and Federal regulations. It is important to teach and encourage our clients to function at their highest level in all developmental areas throughout their day to promote independence and improve quality of life." To monitor this corrective action, the Resident Manager will observe and document staff's correct implementation of the Active Treatment protocols twice weekly for a period of two months. Monitoring documentation will be reviewed by the Program Director and located in the QA binder.	

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9 005	Continued From page 2 reported C1 has made improvement following surgery, regaining her pre-surgery skills.	9 005		
9 277	11-99-29(a)(8) RESIDENT'S RIGHTS 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: 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. This Statute is not met as evidenced by: Based on observations, record review and interview with staff members, the facility did not assure the procedures for utilizing a restrictive technique was evaluated prior to implementation for Add-On Client 4 (C4). C4 has a choking prevention program which involves utilizing chopsticks to slow down eating to decrease risk of aspiration.	9 277	**Reference Tag ID 9 277** **11-99-29(a)(8) RESIDENT'S RIGHTS** **The facility did not assure the procedures for utilizing a restrictive technique was evaluated prior to implementation for one client.** In review of this issue, a Choking Prevention protocol was developed and implemented for Client (c) 4 due to frequent incidents of vomiting. To correct this issue, the existing Choking Prevention protocol was revised. No restrictive procedures now exist. Chopsticks are no longer used to restrict client from putting food in his mouth or to move food around on his plate. Staff were retrained on the revised protocol. To ensure no other clients were affected, eating-related habilitation programs, protocols, and health & safety instructions for all clients in the home were reviewed for unapproved restrictive procedures. No issues were identified.	7/29/21

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9 277	Continued From page 3 Findings include: On 06/23/21 at 05:10 PM observed clients during their dinner meal. All clients were seated at the dining room table. C4 was seated at the table with Hab Worker (HW)4 seated next to him. HW4 utilized kitchen scissors to cut the client's food (fish sticks and french fries). During the meal C4 was observed to feed himself, oftentimes getting up, walking around the home and returning to his meal. Observation from 05:20 PM through 05:33 PM, C4 got up four times, walking away from the table and walking around the home. HW4 sat next to C4 holding one chopstick. HW4 was observed to use the chopstick to move the client's food around his plate and at times tap the chopstick on his plate. At 05:20 PM, C4 placed food in his mouth, scooped more food and placed it in his mouth, then C4 scooped more food on his utensil and prior to bringing the food to his mouth, HW4 placed the chopstick atop his utensil, preventing him from bringing the food to his mouth. At 05:33 PM, C4 was assisted to take his plate, placemat and cup to the sink. Interview with HW4 was done at 05:45 PM. HW4 stated C4 eats fast and tapping on his plate will slow him down, guiding him to eat. HW4 also reported, the chopstick is used to move C4's food around to help him scoop food onto his utensil. Second observation on 06/24/21 at 06:20 AM found C4 seated at the dining room table dining on cold cereal (cereal with milk). C4 fed himself while HW5 sat with him. During the meal, C4 was observed to cough once and HW encouraged him to seat slowly and relax.	9 277	A systematic change to prevent recurrence is the revision of the Choking Prevention protocol. In addition, eating-related habilitation programs and protocols are now required to be reviewed by the Program Director prior to implementation to ensure no unapproved restricted procedures are included. To monitor this corrective action, the Resident Manager will observe and document staff's correct implementation of the Choking Prevention protocol twice weekly for Client (c) 4 for a period of two months. Monitoring documentation will be reviewed by the Program Director and located in the QA binder.	

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9 277	Continued From page 4 On 06/25/21 at 08:55 AM interview was done with the Registered Nurse (RN). The observation of utilizing the chopstick during C4's dinner meal was shared with the RN. RN reported C4 eats too fast and he will gag and/or vomit, using the chopstick will help to slow him down so that he does not choke. RN also reported tapping with the chopstick on the client's plate helps to alert and focus him. Inquired whether C4 had a speech-language pathologist or swallow evaluation. RN responded C4 does not have dysphagia, however, had thrush. RN also stated there was a referral for a swallow evaluation, however, the client's parent refused due to the pandemic. At 09:30 AM, the Case Manager (CM) joined the interview and provided a copy of "Choking Prevention" dated 08/20 procedures developed by the RN to prevent aspiration associated with gagging and vomiting. The interventions include remind him before each meal or snack that he should eat slowly so he doesn't choke, gag or vomit; food should be cut into bite size pieces; provide small sized utensils or chopsticks; provide meal in two or three separate portions whenever possible, when he finishes one small serving, assist him to have more; monitor the amount of food that he introduces to his mouth at one time; provide reminders throughout the meal to eat slowly; discourage him from drinking any beverage if his mouth is overfilled with food; prompt for slow drinking of beverages; if he begins to laugh or becomes excited while eating, encourage him to stop until he is calm and relaxed; and remember to praise him when he is eating and drinking slowly. The CM took pictures to assist staff members.	9 277		

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9 277	Continued From page 5 The instructions below the photos included, begin by placing chopsticks on the utensil and remind C4 to take small bites; use chopsticks to assist C4 to manage the amount of food on the utensil; and when the correct portion is on the utensil, C4 will bring the food to his mouth. The Program Director was present during the discussion and review of C4's eating plan to prevent choking. The Program Director acknowledged the use of the chopsticks during the client's meal is a physical restraint as it restricts the client's movement/access to food. A review of the policy and procedure for use of physical and chemical restraints notes a thorough assessment is required by a physician or APRN prior to use. If restraints are warranted, the restraint will be brought to the Human Rights Committee to review and approve, as well as, obtaining a physician's order.	9 277		
9 279	11-99-29(a)(10) RESIDENT'S RIGHTS 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: Be treated with consideration, respect and full recognition of their dignity and individuality, including privacy	9 279	**Reference Tag ID 9 279** **11-99-29(a)(10) RESIDENT'S RIGHTS** **The facility did not assure client was treated with dignity during dinner meal.** In review of this issue, the agency's existing "Dining Service" training material is adequate. Staff failed to implement the training for Client (c) 3. To correct this issue, staff in question were retrained on the agency training material which promotes a positive "family style" dining experience for residents and encourages independence in all areas of mealtime by providing training and assistance as needed. Clients are encouraged to sit together, and staff are encouraged to sit with clients and promote social interaction. Clients are encouraged to assist with clearing and cleanup.	7/19/21

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9 279	Continued From page 6 in treatment and in care. This Statute is not met as evidenced by: Based on observations, the facility did not assure one (Client 3) of three clients in the active case sample was treated with dignity during dinner meal. Staff member cleared the table while Client (C)3 was still eating his meal. Findings include: On 06/23/21 dining observation of the clients' dinner meal was done. All the clients of the home were seated at the dining room table. The meal began at 05:05 PM, fish sticks, french fries and watermelon was on the menu. As clients completed their meals, and left the table. C3 as the last person to complete his meal and dined alone. Before C3 completed his meal, Hab Worker (HW)2 cleared the table of food, condiments, and pitchers of refreshment. HW2 was not observed to ask C3 if he was done with his meal before clearing the table.	9 279	No other clients were affected in this incident. However, retraining applies to all clients. To respect the dignity of one client finishing up their meal, staff were retrained to stay with the client, refrain from clearing the table until client is finished eating and encourage client to help with clearing and cleanup. A systematic change to prevent recurrence is retraining of all staff in the residence on the existing agency "Dining Service" training material. To monitor this corrective action, the Resident Manager will observe and document staff's correct implementation of Dining Services twice weekly for a period of two months. Monitoring documentation will be reviewed by the Program Director and located in the QA binder.	