

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/01/2021
NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - 6 A		STREET ADDRESS, CITY, STATE, ZIP CODE 852 PAAHANA STREET HONOLULU, HI 96816		
(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 Office of Health Care Assurance from August 30, 2021 to September 1, 2021. The facility was found not to be in substantial compliance with Title 11, Chapter 99, Subchapter 1, Small Intermediate Care Facilities for Individuals with Intellectual Disabilities. Survey Census: 4 Clients Sampled: 2	9 000		
9 175	11-99-20(c)(1) NURSING SERVICES In facilities with residents requiring nursing services, the following additional care shall be provided: Administration and recording of all medications and other orders prescribed by the physician. This Statute is not met as evidenced by: Based on observations, staff interviews, and record review, the facility failed to ensure the recording of all medications prescribed by the physician were accurately transcribed onto the Medication Administration Record (MAR). Findings include: On 08/31/21 at 05:15 AM, conducted a medication administration observation for Client (C)4. Observed the Home Manager (HM) administer one (1) tablet of Divalproex Sodium ER 500 mg to C4. Review of the MAR immediately after the HM administered the client's medications documented the order was written as Divalproex 250 mg tabs take 2 tabs by mouth in the morning and 1 tab by mouth in the	9 175	PLAN OF CORRECTION Home manager was counselled regarding the deficiency as soon as the Surveyor exited. Formal retraining of home manager on how to document medication changes on the Medication Administration Record was conducted by the assigned RN. SYSTEMIC Policy and Procedure on MAR documentation will be created and Home managers will be trained by October 15, 2021. Assigned RN's will review MAR's during their home visits to ensure the changes are documented properly. Assigned RN and Nurse Manager will conduct quarterly reviews of all participants Physicians Order's (PO's) to reconcile them with medications on hand and ensure discontinued medications are removed from PO's and the Med Mar in a timely manner.	9/1/21 9/7/21 10/15/21 on-going

Office of Health Care Assurance

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

Raylene B...

TITLE

RN, ICF Program Manager

(X6) DATE

9/27/21

Hawaii Dept. of Health, Office of Health Care Assurance

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9 175	<p>Continued From page 1</p> <p>evening all in one order. Review of the Physician Order form documented two separate orders for Divalproex: Divalproex Sodium ER 500 mg Take 1 tab by mouth daily in the morning; Divalproex Sodium ER 250 mg Take 1 tab by mouth every evening. At 07:17 AM, conducted an interview with the HM regarding the administration of Divalproex Sodium ER 500 mg (1 tab) versus Divalproex Sodium ER 250 mg (2 tabs). HM confirmed the client was administered the correct dose, however, the order on the MAR was not properly transcribed. In addition, Staff (S)5 confirmed scratching out the number of tablet to be administered for Calcium/Vit D3 600mg-400U.</p> <p>On 09/01/21 at 11:05 AM, conducted an interview with Registered Nurse (RN)2. RN2 reviewed the Physician Order form and C4's MAR and confirmed the order was not properly transcribed as ordered by the physician which could potentially result in a medication error. RN2 also confirmed S5 should not have scratched out the amount Calcium/Vit D3 600mg-400U tablets that should have been administered to C4.</p>	9 175	<p>QUALITY ASSURANCE</p> <p>RN's will complete a monthly Nursing Record review of all ICF participants to ensure any and all discrepancies in documentation are caught and changed in a timely manner.</p> <p>Nurse Manager to follow up with each RN and review their Nursing Quarterlies at least every 6 months.</p>	<p>monthly</p> <p>biannually</p>