

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

(X6) DATE
7/26/21

If continuation sheet 2 of 4

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/30/2021
NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - WAHIAWA A		STREET ADDRESS, CITY, STATE, ZIP CODE 140-A KUAHIWI AVENUE WAHIAWA, HI 96786		
(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
9 175	Continued From page 2 MAR for 6/29/2021. On 6/30/2021 at 12:30 PM at The Arc in Hawaii-Diamond Head Office, conducted an interview with the Registered Nurse (RN)1. RN1 confirmed staff should have signed the MAR immediately after the medication was administered. RN1 stated per the facility policy, staff should observe the 5 Rights of Medication Administration (right person, right medication, right dose, right route, right documentation).	9 175	Quality Assurance: Home Manager will conduct daily observations of medication pass. If home manager is not available a designated staff will observe medication pass and conduct a 30 min medication check to ensure medications were given and documented properly in a timely manner. RN to monitor medication administration on weekly visits and document on the MAR that check was completed and that the 6 rights were followed. Nurse Manager to complete quarterly observations to ensure compliance.	on going
9 193	11-99-22(g) PHARMACEUTICAL SERVICES Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. This Statute is not met as evidenced by: Based on observations and interviews with staff, the facility failed to ensure all medications are kept locked as evidenced by 2 bottles of medicated eye drops were stored in an unlocked drawer next to the computer. Findings include: On 06/29/21 at 02:40 PM, while in the client's home, observed 2 bottles of Dorzolamide/Timolol medicated eye drops for ocular hypertension stored in an unlocked drawer next to (right side) the oven. Both of the bottle contained solution. The next drawer over also contained a bottle of eye drops, but the container was empty. ON 06/30/21 at 12:57 PM, conducted an interview with Registered Nurse (RN)1. RN1 confirmed all medications, including eye drops, should be stored in a locked cabinet.	9 193	9193 Plan of Action: Nurse Manager counseled Home Manager immediately after surveyor exit that all medications must be stored in locked cabinet. 7/20/21 Zoom meeting held with Home Manager and home staff. CM and Nurse Manager met discussed unused medications being left in unlocked drawer and the importance of keeping medications in a locked cabinet. Moving forward Home Manager will do a daily check to ensure all medications are stored and locked properly. Systemic: A memo to all ICF Home Managers was sent on 7/23/21 to inform them and to review with their staff on how to properly store medication. A sign was created to be hung in all ICF Home which describes how oral, topical and ointment medications, PRN and routine medication should be stored. Nurse Manager and Program Manager will discuss at monthly QA meetings.	7/20/21 7/23/21

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			<p>Quality Assurance:</p> <p>Home Managers will conduct a daily observation to ensure that staff are implementing the above procedure properly. If home manager is not available a designated staff will be assigned to observe home staff. RN will monitor for compliance on weekly observation. Findings to be addressed at time of discover and discussed in monthly QA meeting or as needed. Nurse Manager will do a Quarterly oversight to ensure proper implementation and compliance.</p>	on going	