	Hawaii Dept. of Health, Office of Health Care Assuranc											
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED							
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILDING:									
12G028		B. WING	'21 .III 20 pa n 5	06/30/2021								
NAME OF I	PROVIDED OF SUPPLIED		DRESS CITY S	STATE, ZIP CODE	,							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 140-A KUAHIWI AVENUE												
THE ARC IN HAWAII - WAHIAWA A WAHIAWA, HI 96786 STATE OF HAWAII												
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID MEDICAR PROVIDERS PLAN OF CORRECTION PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETE DATE						
9 000	INITIAL COMMENTS		9 000	0								
	A relicensing survey was conducted by the Hawaii State Agency (SA) from 06/29/21 to 06/30/21. The census at the time of the entrance was four clients.			7								
9 091			9 091	Plan of Action: Home manager was corrected on the storage of rice scooper and Thick-it pscooper as soon as the surveyor point the deficiency. 7/20/21 Zoom meeting held with all I staff. RN reviewed with Home Mana house staff, the importance of making scoop spoons for thick-it and rice are stored directly in the thick-it contain container and that the scoops is wash rinsed, sanitized and air dried before The rice scooper will be stored in the cupboard after being washed and air The Thick-it scoopers will be stored in Ziploc bag or covered plastic contain Systemic: A memo to all ICF Home Managers on 7/23/21 to inform them and to re their staff that scoops should not be so Thick-it containers or rice container scoop is used it is to be washed, rinse sanitized and air dried. Scoops from prontainers of the same medication or may be saved for reuse as long as they washed, sanitized and air dried after of the same medication or may be saved for reuse as long as they washed, sanitized and air dried after of the same medication or may be saved for reuse as long as they washed, sanitized and air dried after of the same medication or may be saved for reuse as long as they washed, sanitized and air dried after the same medication or may be saved for reuse as long as they washed, sanitized and air dried after the same medication or may be saved for reuse as long as they washed, sanitized and air dried after the same medication or may be saved for reuse as long as they washed, sanitized and air dried after the same medication or may be saved for reuse as long as they washed, sanitized and air dried after the same medication or may be saved for reuse as long as they washed, sanitized and air dried after the same medication or may be saved for reuse as long as they washed, sanitized and air dried after the same medication or may be saved for reuse as long as they washed.	nome ger and g sure the not er or rice ed, next use. kitchen dried. n a er. was sent view with tored in and once d, previous food v are	7/20/21						
		:30 PM at Arc in Diamond										
0.00		terview with the Registered										
Office of Hea	Ith Care Assurance					(Ve) DATE						

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

 $\begin{array}{c} \textbf{TITLE}\\ \textbf{RN, ICF Program Manager} \end{array}$

(X6) DATE 7/26/21 Hawaii Dept. of Health, Office of Health Care Assurance (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: _____ B. WING 06/30/2021 12G028 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 140-A KUAHIWI AVENUE THE ARC IN HAWAII - WAHIAWA A WAHIAWA, HI 96786 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Cont. 9 091 9 091 Continued From page 1 Quality Assurance: on going Home Managers will conduct a daily Nurse (RN)1. RN1 confirmed scoopers should not be stored in the same container as the observation to ensure that staff are product. RN1 further stated that home staff have implementing the above procedure properly. been informed scooper should be cleaned prior to RN and CM will include in the monthly QA and after use and have several scoopers checklist, proper storage of scoopers to ensure available for staff to rotate and use. that that the procedure is being followed. Nurse Manager will do a Quarterly oversight 9 175 9 175 11-99-20(c)(1) NURSING SERVICES . to ensure proper implementation. In facilities with residents requiring 7/20/21 9175 nursing services, the following Plan of Action: additional care shall be provided: Nurse Manager counseled Home Manager about the importance of proper Administration and recording of all documentation right after the surveyor exit. medications and other orders prescribed by the physician. Home Manager was retrained on Medication This Statute is not met as evidenced by: Administration and observation done on Based on record review and staff interviews, the 7/2/21. facility failed maintain accurate documentation of Staff meeting was held on 7/20/21 to discuss medications administered for 4 of 4 clients survey citations with an emphasis on sampled (Client (C)1, C2, C3, and C4) in the Medication administration process. Home Medication Administration Record (MAR). staff was reminded of proper medication administration procedure and the 6 Rights of Findings include: Medication administration: Right Person, Right Medication, Right Dose, Right Time, On 06/29/21 at 4:16 PM, conducted a review of Right Route and Right Documentation. the MAR for Arc in Hawaii Wahiawa A. Review of the MAR documented staff did not appropriately 7/23/21 Systemic: sign the MAR indicating scheduled medications A memo was sent to all ICF Home Managers were administered as ordered for C1, C2, C3, to remind them and review with their staff the and C4 for all medications scheduled to be importance of following the 6 Rights of administered on 06/29/21 prior to 04:00 PM. Medication Administration. 30 Minute Check On 6/29/2021 at 04:24 PM, conducted an continues to be in place to ensure that all the 6 interview with the Home Manager (HM). HM Rights of Medication Administration is being attested all medications were administered on followed. Nurse Manager and Program 06/29/21 for all clients and confirmed the MAR Manager will discuss at monthly QA meetings. was not signed immediately after administering the medication. HM then signed each client's

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Hawaii Dept. of Health, Office of Health Care Assurance (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ 06/30/2021 12G028 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 140-A KUAHIWI AVENUE THE ARC IN HAWAII - WAHIAWA A WAHIAWA, HI 96786 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) Quality Assurance: on going 9 175 9 175 Continued From page 2 Home Manager will conduct daily MAR for 6/29/2021. observations of medication pass. If home manager is not available a designated staff will On 6/30/2021 at 12:30 PM at The Arc in observe medication pass and conduct a 30 Hawaii-Diamond Head Office, conducted an min medication check to ensure medications interview with the Registered Nurse (RN)1. RN1 were given and documented properly in a confirmed staff should have signed the MAR timely manner. RN to monitor medication immediately after the medication was administration on weekly visits and administered. RN1 stated per the facility policy, document on the MAR that check was staff should observe the 5 Rights of Medication completed and that the 6 rights were Administration (right person, right medication, followed. Nurse Manager to complete right dose, right route, right documentation). quarterly observations to ensure compliance. 9 193 9 193 11-99-22(g) PHARMACEUTICAL SERVICES 9193 Drugs shall be stored under proper Plan of Action: conditions of sanitation, temperature, Nurse Manager counseled Home Manager light, moisture, ventilation, 7/20/21 immediately after surveyor exit that all segregation, and security. medications must be stored in locked cabinet. This Statute is not met as evidenced by: 7/20/21 Zoom meeting held with Home Based on observations and interviews with staff, the facility failed to ensure all medications are Manager and home staff. CM and Nurse Manager met discussed unused medications kept locked as evidenced by 2 bottles of medicated eye drops were stored in an unlocked being left in unlocked drawer and the drawer next to the computer. importance of keeping medications in a locked cabinet. Moving forward Home Findings include: Manager will do a daily check to ensure all medications are stored and locked properly. On 06/29/21 at 02:40 PM, while in the client's home, observed 2 bottles of Dorzolamide/Timolol 7/23/21 Systemic: medicated eye drops for ocular hypertension A memo to all ICF Home Managers was sent stored in an unlocked drawer next to (right side) on 7/23/21 to inform them and to review with the oven. Both of the bottle contained solution. their staff on how to properly store The next drawer over also contained a bottle of medication. A sign was created to be hung in eye drops, but the container was empty. all ICF Home which describes how oral, topical and ointment medications, PRN and ON 06/30/21 at 12:57 PM, conducted an interview routine medication should be stored. Nurse with Registered Nurse (RN)1. RN1 confirmed all Manager and Program Manager will discuss at medications, including eye drops, should be monthly QA meetings. stored in a locked cabinet.

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PRINTED: 07/13/2021 FORM APPROVED

STATEMENT OF DEFICICIONS NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	Hawaii I	Dept. of Health, Office	e of Health Care Assuranc										
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