PRINTED: 08/09/2021
FORM APPROVED

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
	12G027	A. BUILDING: ______ B. WING ______	08/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARC IN HAWAII - KAIMUKI B	811 19TH AVENUE 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 re-licensure survey was conducted by the Office of Health Care Assurance on 08/05/21. The facility was found not to meet the requirements of Title 11, Chapter 99, Intermediate Care Facilities for Individuals with Intellectual Disabilities.	9 000		
9 051	11-99-7(e)(4) CONSTRUCTION REQUIREMENTS Single resident rooms shall measure at least ninety square feet of usable space, excluding closets, bathrooms, alcoves, and entryways. This Statute is not met as evidenced by: Based on interview with staff member, the facility failed to ensure a single resident room measures at least 90 square feet of usable space. Findings include: Interview with Program Manager confirmed the single client bedroom does not meet the requirement of 90 square feet of usable space. The room measures at 87.56 square feet. The Program Manager reported no construction was done to increase the room's square footage.	9 051	POC The ARC in Hawaii seeks a construction requirements waiver annually for bedroom #3. This bedroom located at the southeast corner of the home measures 87.56 square feet which does not meet the minimum requirement of 90 square feet for a single resident room. The request for a waiver of state requirements 9 051 regarding the minimum square footage of a single resident room dated August 9, 2021. This waiver request was sent to Mr. Keith Ridley, and the State of Hawaii, Department of Health, Office of Health Care Assurance. Client has been living in this bedroom since August 2017. The shortage of less than 3 square feet does not hinder the health and safety of Client in any way.	Annually 8/9/21
9 228	11-99-26(a)(4) REHABILITATIVE SERVICES The facility shall provide specialized and supportive rehabilitation services, including occupational therapy, physical therapy, and speech therapy, according to the needs of each resident, either directly by qualified staff or through arrangements with qualified outside	9 228		

Office of Health Care Assurance

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	RN, ICF Program Manager	8/26/21

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9 228	Continued From page 1 resources. Services shall be programmed to: Instruct facility staff or person responsible in therapy goals to meet the continuity of resident care. This Statute is not met as evidenced by: Based on observation, record review and interview with staff member, the facility did not assure staff members received continuous training for the use of adaptive equipment for one add-on client (Client 4) to competently assist the client with adaptive equipment (walker and gait belt) for safe transfers, sit to stand. Client (C)4's height of walker was adjusted by staff members and during sit to stand, the walker was observed to tilt toward client (front wheels lifted up) which has potential to result in the client falling back. There is no documentation regarding the use of the gait belt to assist in sitting to stand (where staff position themselves, which gait belt to use) for C4. Findings include: On 08/04/21 from 10:10 AM through 01:25 PM observed Client (C)4 in the classroom ambulate with the use of a walker. The height of the walker is approximately at waist level with the client's elbows bent almost to 45-degree angle. Observed staff members assisting C4 from standing to sitting. A gait belt was applied and the client placed both hands atop the bar of the walker. One staff member stood to the side and held the gait belt while C4 attempted to stand. At times he was not successful at standing and it took several attempts before he was able to rise from the chair. C4 would also place his right hand on the table next to him for leverage to stand. There was one observation when the	9 228	POC Client's walker height was adjusted immediately after surveyor exit on 8/5/21 by nurse. Client was evaluated by the OT on 8/10/21. Recommendations were skilled OT two sessions, twice per week which started on August 24, 2021 to increase strength, increase functional reach, increase ADL function, increase sensory regulation, educate caregivers, and implement Home Exercise Program to maintain functional gains once he has discharged from OT. Short Term Goals: Provide ongoing patient/caregiver Home Exercise Program needed to increase strength and improved ADLs. Long Term Goals: Activity Goal, Right Upper Extremity strength, Reach goal, Sensory regulation and Transfer: Increase chair rise, and bed for safe transfer and decreased fall risk. Gaitbelt use re-training scheduled to be done by September 10, 2021. Systemic All ICF HMP's will be reviewed/revised by assigned Nurse. Assigned nurse will review HMPs quarterly or as the need arises to reflect changes in medical conditions as well as Physicians and Specialists recommendations and to make it more client specific. Quality Assurance: Nurse to go over updates on HMP's during the bimonthly Quality Assurance IDT meeting or as needed. Nurse Manager to provide oversight every quarter to ensure compliance with the regulations. Findings will be discussed with assigned nurse as needed and corrections are made.	9/10/21 on going bimonthly & quarterly

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9 228	Continued From page 2 walker tipped slightly back when the client's hands were not centered on the grip area of the top bar. On 08/04/21 at 05:35 PM observed staff member assist C4 out of the recliner. The gait belt was applied and staff member stood to the client's side, C4 placed his hands atop the walker (not in center of the top bar), staff member counted to three, C4 attempted to stand but was unsuccessful. The walker was observed to tip slightly back. Subsequent observations found staff members using two different gait belts. One gait belt was straight and the other was black with loops around the back and side of the belt. On 08/05/21 at 06:05 AM, staff member was assisting C4 to stand from the recliner, the Home Manager (HM) reminded the staff member to apply C4's gait belt. C4 was cued by counting to stand, "one, two, three". There was a failed attempt and eventually he stood up. C4 ambulated from recliner to dining room table with staff member providing stand by assist. C4's walker was observed to have the front bars slightly higher than the back bars. On 08/05/21 at 08:25 AM interviewed the Home Manager (HM) regarding C4's walker. HM reported they adjusted the height of the walker as C4 was starting to hunch over when he walked so it was raised. Inquired how is the gait belt to be used to assist C4 from sit to stand. HM responded they are to stand on the side of C4 to assist him. Observation of C4's attempts to go from sitting to standing were shared with the HM that it appears the height of the walker does not facilitate leverage for C4 to stand as the height of the walker is almost at shoulder height when client is sitting resulting in pulling himself up.	9 228	This page intentionally left blank.	

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9 228	Continued From page 3 Also, observations of C4 placing his hand on the table for leverage to stand. On the morning of 08/05/21 a record review was done. A review of the Comprehensive Functional Assessment (date of conference: 10/20/20) notes C4 received occupational therapy (OT) services in December 1919 and January 2020. C4 was seen due to decreased activities of daily living performance, decreased functional transfers and functional mobility, decreased functional reach/balance, decreased safety, and increased fall risk. C4 was discharged on 01/30/20. The OT notes staff members were educated on compensatory strategies regarding optimal safety and set up of catheter during activities of daily living and functional mobility. Also noted improved transfer ability and walking using the forward wheel walker. Further review found no instructions for assisting C4 for going from sitting to standing. Interview was done with the facility's registered nurse (RN) on 08/05/21 at 10:45 AM. RN reported C4 received occupational therapy services and the staff were trained in January 2020. Observations of C4 were shared with RN regarding the height of the walker and C4's difficulty to go from sitting to standing. RN stated a referral for physical therapy evaluation will be made to assess the appropriate height of the walker and training of staff.	9 228	This page intentionally left blank.	