

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/18/2022
NAME OF PROVIDER OR SUPPLIER OPPORTUNITIES AND RESOURCES, INC (HOL		STREET ADDRESS, CITY, STATE, ZIP CODE 64-1510 KAMEHAMEHA HIGHWAY WAIHAWA, 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)
9 000	INITIAL COMMENTS A licensing survey was conducted by the Hawaii State Survey Agency from March 16 to March 18, 2022.	9 000	
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 observations, record review, and interview with staff members the facility failed to ensure clients' active treatment program are implemented in all relevant settings both formally and informally as opportunities present themselves for two of four clients (Client (C)1 and C3) sampled. Findings Include: 1) On 03/16/22 at 10:00 AM, an observation was done of Client (C)1 laying down in a quiet back room of the Health Room section of the Day Program (DP), sleeping, facing the wall, with a pillow 'wedge' under his right hip. On 03/16/22 at 10:25 AM, an interview was done with a Caregiver (CG)1 in the DP regarding C1's active treatment program (ATP). Per CG1, C1 lays down "every day" in the health room, from shortly after morning snacks until lunch. CG1 stated staff leave him alone while he is laying down, explaining that laying down in bed is part of his ATP to help relieve pressure on his buttocks due to sitting in a wheelchair all day.	9 005	

Office of Health Care Assurance

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

Susanna F. Cheung

TITLE

President/CEO

(X6) DATE

04/27/2022

Office of Health Care Assurance
STATE FORM

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9 005	<p>Continued From page 2</p> <p>QIDP reported that during her routine rounds of the clients, she had noticed that the ATP(s) were not always implemented. When the state agency (SA) observations were reported to the QIDP, she agreed that C1 should be interacted with more, both in the DP and at home, and that he should be taken to morning exercises, not taken straight to the DP from home. The QIDP also agreed that C1's ATP should be consistently applied, even while he is lying in bed for his HMP.</p> <p>2) On 03/17/22 at 06:49 AM after C3 finished breakfast, brushed his/her teeth, and medication administration, observed C3 on the couch watching basketball on the television until 07:45 AM. Staff members did not implement C3's active treatment program between 06:49 AM to 07:45 AM.</p> <p>On 03/17/22 at 07:30 AM reviewed C3's chart at his/her residence. C3's chart included an "Active Treatment Plan Schedule". According to C3's schedule, on Thursdays from 07:00 AM to 07:30 AM, C3 is to participate in Individual Training.</p> <p>Review of the facility's "Policy & Procedure For Individual Habilitation Plans (IHPs)," on 03/18/22 at 01:30 PM, Active Treatment is defined as "the process by which service providers and caregivers assist an individual to effectively cope with his or her personal and environmental demands. Active treatment includes, but is not limited to, programs of formal structured education and treatment which are designed to also raise the level of an individual's physical, mental, and social functioning."</p> <p>Review of C3's "Active Treatment Programs List" on 03/17/22 at 07:30 AM, C3's programs include Expressive Language (to improve pronunciation</p>	9 005	<p>Future Plan:</p> <p>The QIDP will observe in the classroom at least twice or three times a week to ensure that ATPs are being implemented daily and give training if ATPs is observe that they are not properly being implemented.</p> <p>The Nurse will also observe the staff in the classroom to ensure that every 2 hrs. intervals for C1s care are being implemented according to the HMPs. (once or twice a week)</p> <p>The QIDP will continue to observe in the residential to ensure that ATPs are being implemented. If necessary the QIDP will re-train the caregiver and relievers for appropriately implementing ATPs. (every afternoon).</p>	

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9 005	Continued From page 3 to communicate clearly and effectively), Social Interaction (increase ability to calmly communicate with trainers), Writing (increase ability to write legibly and neatly), and Money (to know how to count the money needed when purchasing items). Interview with Qualified Intellectual Disabilities Professional (QIDP) on 03/17/22 at 12:45 PM, QIDP stated at C3 "...should be doing his program. He would usually have either his writing or reading program ..." at 07:00 AM.	9 005			
9 045	11-99-7(d)(7) CONSTRUCTION REQUIREMENTS Toilet and bath facilities shall have a means of signaling staff in an emergency. This Statute is not met as evidenced by: Based on observation and interview, the facility failed to ensure toilet and bath facilities in the home have a means of signaling staff in an emergency. As a result of this deficient practice, 3 of the 4 clients sampled in the home (Client (C)2, C3, and C4) were placed at risk of being unable to call for assistance if an accident occurred in the bathroom. Findings include: On 03/16/22 at 03:10 PM, during a tour of the home, it was noted that there were two client bathrooms in the home. Each bathroom was equipped with a shower, toilet, and sink. Attached to one of the walls in each bathroom was an alarm-sensor-shaped box labeled First Alert Carbon Monoxide Alarm. Pressing the Test/Silence button on the front of each box failed to	9 045			

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9 045	Continued From page 4 set off any alarms. Of the four clients in the home, Client (C)1 was the only client who never used the bathroom unassisted. On 03/16/22 at 03:19 PM, an interview was done with House Reliever (R)1 as she stood in Client (C)1's bedroom. When asked if there was an emergency call system in the bedroom, R1 pointed to an alarm-sensor-shaped box mounted on the wall next to C1's bed. R1 was asked to test the call system. After pressing the button on the front of the box several times, R1 stated it was not working. R1 was asked if the alarm sensor was the same as the sensors in the bathrooms, R1 answered, "yes." Informed R1 that the sensors in the bathrooms were labeled First Alert Carbon Monoxide Alarm. R1 confirmed that the sensor in C1's room was labeled the same way.	9 045	Correction: The emergency call system batteries have been changed and tested for all the bedrooms and toilets. Advised the caregiver to test the emergency call system at least once a month to ensure they are working in case of emergency. The QIDP was advised that when doing the routine check for the home, to also check the emergency call system to see if they are properly working, if not, report right away so the maintenance can check immediately.	4/11/22 4/11/22 4/12/22
9 059	11-99-7(e)(8)(E) CONSTRUCTION REQUIREMENTS Each resident shall be provided with: An effective means of signaling staff from resident's bedside. This Statute is not met as evidenced by: Based on observation and interview, the facility failed to provide one of four clients sampled (Client (C)1) with an effective means of signaling staff from his bedside. As a result of this deficient practice, C1 was placed at risk of being unable to call for assistance if an accident occurred in his bedroom. Findings include: On 03/16/22 at 03:10 PM, during a tour of the	9 059	Future Plan: The QIDP will check the emergency call system at least once a month to ensure that the emergency call systems are working.	

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9 059	Continued From page 5 home, it was noted that there were two client bathrooms in the home. Each bathroom was equipped with a shower, toilet, and sink. Attached to one of the walls in each bathroom was an alarm-sensor-shaped box labeled First Alert Carbon Monoxide Alarm. Pressing the Test/Silence button on the front of each box failed to set off any alarms. On 03/16/22 at 03:19 PM, an interview was done with House Reliever (R)1 as she stood in Client (C)1's bedroom. When asked if there was an emergency call system in the bedroom, R1 pointed to an alarm-sensor-shaped box mounted on the wall next to C1's bed. R1 was asked to test the call system. After pressing the button on the front of the box several times, R1 stated it was not working. R1 was asked if the alarm sensor was the same as the sensors in the bathrooms, R1 answered, "yes." Informed R1 that the sensors in the bathrooms were labeled First Alert Carbon Monoxide Alarm. R1 confirmed that the sensor in C1's room was labeled the same way.	9 059	Correction: The emergency call system batteries have been changed and tested for all the bedrooms and toilets. Advised the caregiver to test the emergency call system at least once a month to ensure they are working in case of emergency. The QIDP was advised that when doing the routine check for the home, to also check the emergency call system to see if they are properly working, if not, report right away so the maintenance can check immediately. Future Plan: The QIDP will check the emergency call system at least once a month to ensure that the emergency call systems are working properly.	4/11/22 4/11/22 4/12/22
9 091	11-99-9(d)(2)(A) DIETETIC SERVICES All food shall be procured, stored, prepared, distributed, and served under sanitary conditions. This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide and ensure all food is procured and stored under sanitary conditions as evidenced by expired, opened, and unlabeled food in the dry foods pantry, refrigerator, and freezer, and a dirty dry foods pantry in the home. As a result of this deficient practice, the clients were exposed to potential	9 091		

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9 091	Continued From page 6 sources of food-borne and air-borne illnesses and/or infections. Findings include: 1) On 03/16/22 at 02:45 PM, an inspection of the dry foods pantry in the home was done with the Primary Caregiver (PCG). On the fourth shelf, a half-full plastic container of crackers with an expiration date of 03/09/22 was found. When asked, the PCG initially said it was for caregivers only. The crackers were found on a shelf right next to several cans of canned meat which the PCG stated was for clients. When asked why client food and caregiver food were kept on the same shelf right next to each other with no labels on either the items or the shelves, the PCG stated "it [the expired crackers] could be for caregivers and clients both." Another plastic container of crackers was found unsealed on the top shelf with ants inside. The PCG stated that was for caregivers only. An unlabeled plastic bag of low-salt crackers sitting in a box of low-salt crackers was found on the third shelf. The plastic bag was filled with ants. Insect droppings were found on the third and fourth shelves, while the floor of the pantry also had insect droppings, spiders, dirt, debris, and cobwebs. When the PCG was asked who was responsible for cleaning the pantry, checking for expired food, and overall cleanliness of the home, the PCG walked away without a word and disappeared. Reliever (R)1 stated, "there is no live-in caregiver here ... [the PCG] is only temporary." On 03/18/22 at 10:57 AM, an interview was done with the Qualified Intellectual Disabilities Professional (QIDP) in the conference room. The QIDP stated that the PCG was responsible for maintaining a sanitary environment in the home,	9 091	Correction: Emergency food and water have been purchased and stock at the pantry enough for 10 days for each person. Foods that are expired inside the refrigerator have been taken out, food for the caregiver have been labeled. Advised the caregivers that any left over food that belongs to the staff should be labeled and placed in a covered container. Caregiver and relievers were also advised to maintain cleanliness for the whole house including pantry, closet, cabinet, etc. and should sanitized daily. Future Plan: The QIDP will continue a routine check for all the houses to ensure that all houses have enough food especially for an emergency and have enough water. (at least monthly) QIDP will also include in checking the house environment to ensure the house is clean.	3/20/22 3/19/22 3/19/22 3/19/22

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9 091	<p>Continued From page 7</p> <p>and although temporary, had been the assigned PCG for the home for at least the past four months. When informed about the food storage observations made on 03/16/22, the QIDP agreed that the conditions found in the dry foods pantry of the home were neither acceptable nor sanitary.</p> <p>On 03/18/22 at 11:20 AM, during a review of the facility Policy and Procedure, Food and Nutritional Service - Storage, dated 01/01/22, the following was noted:</p> <p>"Food storage areas will be kept clean and free of pests."</p> <p>"Food items will be properly labeled and dated (i.e., date prepared, date expired, best used by, etc [sic]) and stored accordingly. Expired foods will be discarded."</p> <p>2) On 03/16/22 at 02:42 PM, at the clients' residence kitchen, observed in the refrigerator two expired yogurt drinks dated 03/15/22 and a single mozzarella cheese stick with no use by or expiration date. In the freezer observed an opened, unsealed and uncovered pack of chicken lumpia with shrimp and an opened bag of garlic bread, not labeled, dated, or sealed.</p> <p>On 03/16/22 at 02:44 PM interviewed Reliever (R)1, inquired with R1 about the expired yogurt drinks and mozzarella cheese stick, R1 grabbed the items from the refrigerator, threw them in the trash and stated it was for staff. Further inquired about the opened, unsealed chicken lumpia with shrimp and open, unsealed, unlabeled and undated garlic bread in the freezer, R1 stated it was for staff. R1 did not answer when inquired how staff and clients know which foods are for staff and/or clients.</p>	9 091			

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9 091	Continued From page 8 On 03/16/22 at 02:50 PM, reviewed the breakfast menu posted on the refrigerator, the menu noted garlic bread was served to clients on 03/04/22 and 03/10/22. On 03/17/22 at 12:53 PM interviewed Program Coordinator (PC), according to PC, staff should label and seal all food items whether it is for staff members or clients. On 03/17/22 at 2:30 PM reviewed the facility's policy and procedure on "Food and Nutritional Service-Storage," the procedures state "2. Food is served under sanitary condition ...8. Staff will check storage directions on food items and follow accordingly ...11. Food items will be properly labeled and dated (i.e., date prepared, date expired, best used by, etc) and stored accordingly. Expired food items will be discarded..."	9 091		
9 098	11-99-9(d)(3)(E) DIETETIC SERVICES Individuals needing special equipment, implements, or utensils to assist them when eating shall have such items provided by the facility. This Statute is not met as evidenced by: Based on observation, interview, and review of facility policy, the facility failed to ensure one of four clients sampled (Client (C)1) had his food served with appropriate utensils in all settings, as evidenced by C1 not having his adaptive spoon available for meals consumed outside the home. As a result of this deficient practice, C1 failed to have his needs met, and was hindered from maintaining his independence at his highest functional level.	9 098		

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9 098	<p>Continued From page 9</p> <p>Findings include:</p> <p>On 03/16/22 at 11:42 AM, caregiver (CG)1 was observed assisting Client (C)1 with his lunch in the community dining hall. C1 was noted to have great difficulty gripping the standard metal fork he was using, despite CG1 using a hand-over-hand technique. Even with CG1 holding C1's fingers closed around the fork, C1 could barely grip it. Lunch took the entire time allotted, with food often dropping onto C1's clothes, the table, or the floor.</p> <p>On 03/16/22 at 05:08 PM, observations were done of the primary caregiver (PCG) assisting C1 with his dinner. PCG used the hand-over-hand technique with an adaptive utensil spoon. C1 had a much easier time gripping the adaptive utensil, and was able to complete his dinner, with PCG's assistance, in a timely manner and without much food falling.</p> <p>On 03/18/22 at 11:10 AM, an interview was done with the Qualified Intellectual Disabilities Professional (QIDP) in the conference room. The QIDP reported that C1's adaptive utensil spoon had been received and used since October 2021, but that only one had been ordered. The QIDP stated that the one adaptive utensil should be transported with C1 wherever he goes, to be used as part of his active treatment program (ATP).</p> <p>On 03/18/22 at 11:15 AM, during a review of the undated facility Policy and Procedure, Food and Nutritional Service, the following was noted:</p> <p>"Food will be served with appropriate utensils."</p>	9 098	<p>Correction:</p> <p>Another set of adaptive spoon for C1 have been purchased for the classroom use.</p> <p>The caregiver was advised that for the meantime send the adaptive spoon that C1 is using at home so he/she can also use at the classroom.</p> <p>Future Plan:</p> <p>The caregiver will continue to send the adaptive spoon to the classroom until the adaptive spoon that was purchased arrive.</p> <p>The QIDP will observe during lunch time daily to ensure that the adaptive spoon is being use when C1 eats.</p>	<p>4/20/22</p> <p>4/20/22</p>

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9 107	Continued From page 10	9 107		
9 107	<p>11-99-11(b) RESIDENT DAILY LIVING CARE AND TRAINING</p> <p>The facility staff shall participate in appropriate activities relating to the care and development of the residents including training in activities of daily living and the development of self-help and social skills.</p> <p>This Statute is not met as evidenced by: Based on observation, record review, and interview with staff members the facility failed to ensure a staff member is trained to implement Client (C)3's individual program plan.</p> <p>Findings Include:</p> <p>On 03/17/22 at 06:49 AM after C3 finished breakfast, brushed his/her teeth, and medication administration, observed C3 watching basketball on the television until 07:45 AM. Staff members did not implement C3's active treatment program between 06:49 AM to 07:45 AM.</p> <p>On 03/17/22 at 07:30 AM reviewed C3's chart at his/her residence. C3's chart included an "Active Treatment Plan Schedule". According to C3's schedule, on Thursdays from 07:00 AM to 07:30 AM, C3 is to participate in Individual Training.</p> <p>On 03/17/22 at 7:38 AM, interviewed Reliever (R)3, inquired about C3's individualized program. R3 stated she does not know what C3's individualized program is and proceeded to state "...brushing teeth, going shishi [using the restroom] ...watch TV [television] ...sometimes he writing just the curl [cursive]." Inquired what C3 would write, R3 stated she did not know.</p> <p>Concurrent review of C3's "Active Treatment Plan</p>	9 107		

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9 107	Continued From page 11 Schedule," R3 admitted C3 usually watches television during Individual Training time. Review of C3's "Active Treatment Programs List" on 03/17/22 at 07:30 AM, besides what is included in washing and grooming, positive behavioral support plan, and health management plan, C3's programs include Expressive Language (to improve pronunciation to communicate clearly and effectively), Social Interaction (increase ability to calmly communicate with trainers), Writing (increase ability to write legibly and neatly), and Money (to know how to count the money needed when purchasing items). Interview with Qualified Intellectual Disabilities Professional (QIDP) on 03/17/22 at 12:45 PM, QIDP stated C3 " ...should be doing his program. He would usually have either his writing or reading program ..." at 07:00 AM. QIDP explained C3 enjoys writing in cursive and does so on his/her free time but for his/her program should be encouraged to write in print " ...because ...(C3) ...needs to write legibly and neatly." Follow up interview with QIDP on 03/18/22 at 01:49 PM, inquired if R3 received training on C3's active treatment plan, QIDP stated she did not train R3 and it is the caregiver's responsibility to train reliever staff, however the current caregiver does not live in the home and works in the afternoon, R3 works in the morning with no overlap time. Inquired in this situation who is responsible for training staff, QIDP stated "I am."	9 107	Correction: All caregivers, relievers and other staff were given re-training on the daily implementation of ATPs. They were advised that ATPs should be done at any time of the day. Advised caregivers and relievers to continue and offer ATPs while waiting to go to the classroom in the morning instead of just watching TV. Future Plan: The QIDP will continue and train staffs in implementing ATPs and re-train if needed. The QIDP will observe daily if ATPs are being implemented according to IPPs.	4/26/22 4/26/22
9 108	11-99-11(c)(1) RESIDENT DAILY LIVING CARE AND TRAINING	9 108		

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NAME OF PROVIDER OR SUPPLIER OPPORTUNITIES AND RESOURCES, INC (HOL			STREET ADDRESS, CITY, STATE, ZIP CODE 64-1510 KAMEHAMEHA HIGHWAY WAHIAWA, HI 96786		
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9 108	<p>Continued From page 12</p> <p>The facility staff shall provide at least the following:</p> <p>Supportive services to enable residents to participate fully in appropriate daily activities. This Statute is not met as evidenced by: Based on observations, record review, and interview with staff members the facility failed to ensure staff provide supportive services to enable two of three clients (Client (C)2 and C3) to participate fully in appropriate daily activities.</p> <p>Findings Include:</p> <p>On 03/16/22 at 05:03 PM during dinner, observed C2 and C3 grab their plate of food, pork chop with gravy, rice, tossed salad, and a small plate of jello from home staff, Reliever (R)1, in the kitchen and brought it to the dining table. At 05:17 PM, C2 finished his/her dinner and took the dishes to the sink. At 5:40 PM, C3 finished his/her dinner and took the dishes to the sink. C2 and C3 were not encouraged to wash their own dishes.</p> <p>On 03/17/22 at 05:54 AM during breakfast, observed C3 watching television in the living room, while R3 set the table (napkins, forks, and cups) for all clients in the home and R2 placing small plates of papaya and plates of boiled egg and waffles for all clients in the home. At 06:17 AM C3 finished breakfast and brought it to the sink. R3 and R2 did not encourage C3 to set the table, bring his/her own plate of breakfast to the table, or wash his/her dishes.</p> <p>At 07:18 AM C2 was observed to come out of his room, after independently waking up and showering, and to eat breakfast that was pre-plated at the dining room table. As C2</p>	9 108	<p>Correction:</p> <p>Re-training was done with all staffs that works with house 1-A clients.</p> <p>They were advised that during meal time, encourage all the clients to assist with setting the table and preparing thier food especially those who can help. After meal, they can also be encourage to wash their own dishes, provide verbal cue or assist if needed.</p> <p>Future Plan:</p> <p>The QIDP will continue to remind all staffs to continue and encourage clients to assists in preparing meals and encourage to assists in washing their own dishes.</p>	4/26/22	4/26/22

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9 108	Continued From page 13 finished his/her breakfast he/she brought the finished dishes to the sink but did not wash them. Teacher (T) 1 and R3 did not encourage C2 to set the table, bring his/her plates to the table, or wash his/her dishes. Interview with R2 and R3 on 03/17/22 at 05:59 AM, inquired if given the opportunity would C2 and C3 be capable of setting the table and bringing their own plates to the dining room table. R2 and R3 both agreed that C2 and C3 can set the table and bring their own plate to the table. Interview with Qualified Intellectual Disabilities Professional (QIDP) on 03/17/22 at 12:45 PM, inquired if C2 and C3, if given the opportunity, capable of learning to set the table, bring their own plate of food to the table, and wash their own dishes. QIDP stated C2 " ...is a very independent person ..." and C3 can learn to set the table, bring his/her own plate to the table, and wash the dishes with verbal cues and occasional partial assistance to complete the job.	9 108		
9 109	11-99-11(c)(2) RESIDENT DAILY LIVING CARE AND TRAINING The facility staff shall provide at least the following: Physical care and assistance to keep residents clean, comfortable, well-groomed, and protected from accidents and infections. This Statute is not met as evidenced by: Based on observation and interview, the facility failed to provide physical care and assistance to keep residents clean by providing toilet paper, paper towels, and hand soap at bathroom sink.	9 109		

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9 109	Continued From page 14 As a result of this deficient practice, clients in the DP classroom were hindered from developing, promoting, improving and/or maintaining independence and proper hygiene when using the bathroom. Findings include: On 03/16/22 at 10:00 AM, observations were done in the day program (DP) classroom. A tour of the two client bathrooms located near the entrance of the DP noted that neither bathroom had any toilet paper, paper towels, or hand soap at the sink. One of the bathrooms contained an antibacterial hand rub dispenser which was empty. There was an additional sink located outside the two bathrooms that also had no soap or paper towels. Teacher (T)2 was asked about the lack of hygiene supplies in the bathrooms, T2 stated "because... [one client] plays with it, so we have to hide it." When asked if there were any other bathrooms, T2 showed surveyor the staff restroom, which had adequate hygiene supplies, but was kept locked so that clients could not access it. T2 was asked how the clients perform proper hygiene when using the bathroom without the required supplies. T2 walked away without answering and returned a few minutes later with a roll of paper towels and soap which she placed on the additional sink outside the bathrooms. T2 stated that because they hide the toilet paper, they have told clients to ask for toilet paper. When asked if all the clients were capable of remembering to ask for toilet paper, or who they were to ask for toilet paper from, T2 stated "well, usually one of us [staff] is with them." When asked why staff does not ensure someone always accompanies the one client with the behavior(s) to the bathroom, rather than keep hygiene supplies from all clients, T2 did not have an	9 109	Correction: Hygiene supplies for all the bathrooms were provided including the sink right outside the bathroom. The DP staffs were advised to keep all necessary hygiene supplies in place. They were advised that if there is a client who have behavior in taking off all the supplies, make sure to follow that individual client and assist him/her. Future Plan: The program staffs (CMs) will monitor the DP daily to ensure all necessary supplies for hygiene is always available for the clients to use. The QIDP will monitor the staffs to ensure that every clients uses the bathroom will have supply to use and staff should always follow the clients in going to the bathroom for safety.	3/19/22 3/19/22

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9 109	Continued From page 15 answer. On 03/16/22 between 10:20 AM and 10:40 AM, observed six clients walking unaccompanied into the bathroom. None of the clients stopped to ask for toilet paper, flush the toilet, or use the sink before coming out. Caregiver (CG)1 did go over to remind clients to wash their hands at the outside sink, but she did not check for toilet paper or remind clients to flush the toilet, nor did she offer toilet paper to a client who walked past her into the bathroom. On 03/18/22 at 12:50 PM, an interview was done with the Qualified Intellectual Disabilities Professional (QIDP) in her office. The QIDP confirmed that there is one client who does have a behavior plan for "playing" in the bathroom, both at home and at the DP, however hiding the toilet paper and other hygiene supplies are not a part of it. The QIDP stated she was not aware that staff were hiding the hygiene supplies and agreed that it is a restrictive and inappropriate intervention which should not be applied to any individual client, much less all the clients. The QIDP stated she would speak to the DP staff.	9 109	Correction: Hygiene supplies have been provided for all the bathrooms including the sink outside the bathroom. DP staffs were advised that when clients goes to the bathroom to always accompany them to ensure that if a client needs an assistance when using the toilet Future Plan: QIDP will monitor the DP daily to ensure that there is available hygiene supplies for all toilets and if the staffs monitoring or accompanying their clients in going to the bathroom.	3/19/22 3/19/22
9 131	11-99-13(2)(B) GOVERNING BODY AND MANAGEMENT Licensure, certification, or standards such as are the usual standard of practice in the community shall be required for all comparable positions in the facility. This Statute is not met as evidenced by: Based on record review and interview with staff member, the facility failed to ensure the facility physician is licensed to practice medicine in the	9 131		

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9 131	Continued From page 16 State of Hawaii. Findings Include: On 03/16/22 at 09:00 AM requested from Program Coordinator (PC) a list of the facility's professional staff and their credentials. At 12:55 PM received and reviewed the requested list and Physician's updated credentials was not included. On 03/17/22 at 10:34 AM interviewed PC, PC stated Physician came to the facility on 03/16/22 and provided services. PC relayed Physician renewed his medical license but did not receive it. Requested for a document of proof that his renewal application was submitted, PC stated Physician will provide the document on Friday, 03/18/22, or next week, after the State Agency (SA) exited survey. On 03/21/22 at 3:15 PM, at the SA office, reviewed public records in Department of Commerce and Consumer Affairs (DCCA) Professional Vocational Licensing, Physician's license status "...not valid unable to practice ...forfeited/maintenance requirement due" Physician's license expired on 01/31/22.	9 131	Correction: The physician have re-applied for the renewal of his license. Will follow-up with the physician daily to ensure that he/she already receive his license. Future Plan: The PC will check the ICF contracts at least every 6 months to ensure each of the ICF contracts have their license renewed and up-to date.	4/21/22
9 146	11-99-14(e) HOUSEKEEPING All floors, walls, ceilings, windows, furnishings, and fixtures shall be kept clean and in good repair. This Statute is not met as evidenced by: Based on observation, review of the facility's policy and procedures, and interview with staff members the facility failed to ensure two air conditioners in the adult day program were kept clean.	9 146		

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9 146	Continued From page 17 Findings Include: On 03/16/22 at 10:03 AM at the day program, the front desk air conditioned had brown dust on the outside of the front cover . The air conditioner was on, and a client (not sampled) was sitting behind the front desk next to the air conditioner. At 10:18 AM observed gray dust on the outside of the front cover of the air conditioner in the television room located next to the health room. The air conditioner was on and observed three clients (not sampled) and a teacher in the room. On 03/16/22 at 01:43 PM interview and concurred observation with Teacher (T) 3 of the air conditioner at the front desk. T3 stated the air conditioner looks dirty and dusty and someone usually comes to the day program to clean the air conditioners. T3 was not aware of how often, when it was last cleaned, and if there was an available log. Interview with Registered Nurse (RN) on 03/17/22 at 02:16 PM, stated the person who usually cleans the air conditioners have not for " ... two years due to Covid and the teachers are afraid to clean it themselves." RN further stated the air conditioners should be kept clean.	9 146	Correction: Air condition in the classroom have been cleaned and serviced by the company name Nuera. Future Plan: The Staffs were advised to call the office and report for anything that needs to be done with the air conditioner. The CMs will check the air conditioner every 3 months to ensure it is clean and is properly working.	4/19/22
9 151	11-99-15(b) INFECTION CONTROL There shall be appropriate policies and procedures written and implemented for the prevention and control of infections and the isolation of infectious residents. This Statute is not met as evidenced by:	9 151		

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9 151	<p>Continued From page 18</p> <p>Based on observation, interview, and review of facility policy, the facility failed to ensure appropriate protective and preventive measures for COVID-19, as evidenced by staff failing to properly wear face masks while working directly and in close contact with two of four clients in the home, staff failing to perform any COVID-19 screening prior to allowing the state agency (SA) into the home, and staff neglecting to clean either their or the client's hands prior to assisting the client with eating. This deficient practice has the potential to affect all clients residing in the ICF/IID home, as well as all healthcare personnel, and visitors to the home.</p> <p>Findings include:</p> <p>On 03/17/22 at 05:20 AM, as the state agency (SA) arrived at the home, Teacher (T)1 opened the front door and allowed the SA into the home without doing a temperature check, asking any questions, or instructing the SA to perform hand hygiene. T1 was observed without any type of face covering on, while Client (C)3 and C4 were sitting within three feet of her on the couch watching television. When T1 noticed the SA wearing a procedure mask, she grabbed her own face covering and donned it. At 06:00 AM, T1 began setting C1 up to eat his breakfast. After placing a napkin under his chin, T1 began assisting him to eat with his adaptive utensil, using a hand-over-hand technique. When asked about hand hygiene, T1 acknowledged that she had neglected to clean either her hands or C1's hands prior to eating.</p> <p>On 03/17/22 at 01:30 PM, during an interview with the Registered Nurse (RN), The RN confirmed that all staff should be wearing face coverings properly whenever they are around</p>	9 151	<p>Correction:</p> <p>The staffs who work with clients both DP and residential were advised to continue and wear face mask while working with clients and continue to observe 6 feet distancing.</p> <p>They were also advised to continue to screened all visitors that visits the home.</p> <p>They were re-train on how to assist clients in washing hands with soap and running water before and after eating, as well as after using the toilet.</p> <p>Future Plan:</p> <p>The QIDP will observe the house once or twice a week to ensure that proper hygiene is being implemented. QIDP will also observe that all staff wear face mask at all times during their tour of duty.</p>	<p>3/19/22</p> <p>3/19/22</p> <p>4/12/22</p>

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9 151	Continued From page 19 clients, whether in the home or not. Face coverings are optional for clients in the home, but not for staff. The RN also stated that staff should screen all visitors to the home by checking temperature. On 03/18/22 at 01:40 PM, during a review of the facility's undated Policy & Procedure for Infection Control & Prevention of Communicable Diseases, the following was noted: "Staff and clients will wash hand with soap and running water ... before and after handling food/eating."	9 151		
9 190	11-99-22(d) PHARMACEUTICAL SERVICES Medications shall not be used for any resident other than the one for whom they were issued. This Statute is not met as evidenced by: Based on records review and interview with staff member the facility failed to ensure medications were not used for any client other than the one for whom they were issued. Findings Include: Review of the nursing progress note dated 08/02/21 at 09:30 AM, "Caregiver reported that client took a medication accidentally. According to the Caregiver, she placed the medication cup on the table w/[with] different kinds of medications (Nadolol 40mg., Vit. C, Vit. B1, Carbamazepine 300mg., Chlorpromazine 150mg and Stool Softener 100mg.) when she reached for the water, the client grabbed the medication cup and took the medications ..." that was not prepared for C3. A following note at 11:40 AM, caregiver mentioned " ...the client is very sleepy had a	9 190		

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9 190	Continued From page 20 bowel movement, sign of weakness. Client was assisted in bed arousable but very sleepy." C3 was transported to the Emergency Room (ER). Review of the "Day Program Daily Log For DP Teachers" dated 08/02/21, described C3 experiencing side effects before going to the ER. At 11:35 AM, during lunch, the note stated C3 was not able to eat or walk, " ...can't walk straight ..." and had difficulty standing up. When staff brought C3 home to his/her bed staff described C3 as " ...pale and...was so cold ..." On 03/17/22 at 01:16 PM, interview with Registered Nurse (RN) stated on 08/02/21 in the morning, C3 and another client had their fasting blood test and did not take all their prescribed medications until they came back to their residence. The caregiver, who no longer works at the facility, prepared the other client's medication first at the dining room table. RN could not describe whether both clients were sitting at the dining room table where the medication was prepared. RN confirmed that staff are trained to call the client by name when administering medication and administer medication at a designated area, not the dining room table. On 03/18/22 at 01:45 PM reviewed the training module provided by RN regarding medication administration. The module titled "Procedure for Making Medications Available" listed "Call the person who will receive the medication ..." prior to preparing medication for administration. The module titled "Medication Error" described "Every medication error is serious and could be life threatening ...A medication error has occurred when any of the following happens: The wrong person took the wrong medication ..."	9 190	Correction: All caregivers and relievers were given re-training on medication administration and they were given flyers to review while administering medication to avoid making mistakes. Future Plan: The nurse will check the home at least once or twice a week to ensure that caregivers are administering medication with the right client/person and continue to train staff as needed.	4/21/22

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9 199	Continued From page 21	9 199		
9 199	11-99-22(g)(6) PHARMACEUTICAL SERVICES Discontinued and outdated drugs and containers with worn, illegible, or missing labels shall be returned to the pharmacy or drug room for proper disposition. This Statute is not met as evidenced by: Based on observation, records review, and interviews the facility failed to ensure Client (C) 4's expired normal medications were returned to the pharmacy or registered nurse for proper disposition. As a result of this deficient practice, C4 was placed at risk of adverse effects from ingesting an expired medication. Findings include: On 03/17/22 at 06:24 AM, observations were done of Teacher (T)1 preparing and administering oral medications for Client (C)4, in the living room of the home. As T1 was preparing one tablet of Carbamazepine 200mg, it was noted that the medication label on the bottle listed the expiration date as 03/05/22. Confirmed the expiration date displayed with T1, who continued to place one tablet into a plastic medication cup and administer it to C4. On 03/17/22 at 06:33 AM, an interview was done with T1 in the living room of the home. When asked, T1 initially stated that she did not know what she should do regarding an expired medication. Surveyor asked if expiration date is something she normally checks prior to giving a medication, she answered "yes." After giving it some thought, T1 stated that she should double-check the medication and inform the Registered Nurse (RN).	9 199	Correction: The bottle of the Carbamazepine have been disposed and requested new medication from the pharmacy. Advised the staffs that before administering each clients medication, to check the bottle to make sure medication is not expired. Future Plan: Nurse was advised that when medication is being delivered, to check the expiration date before giving out to the caregivers. If medication is expiring soon, he/she should communicate with the pharmacy and to see if they can change the medication or change the label.	3/18/22 3/19/22

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9 199	Continued From page 22 On 03/17/22 at 01:38 PM, an interview was done with the RN in the conference room. The RN stated that when a medication error is made, staff are to first ensure that the [affected] client is safe, then they are to call the RN immediately to report what happened. The RN stated she had received no reports of medication errors that morning. Surveyor informed the RN of the Carbamazepine error observed earlier. The RN agreed that administering an expired medication was considered a medication error, and that it should have been reported. The RN stated that although she trains staff not to do so, staff had probably re-used an old bottle. Walked down to the home with the RN and found that the expired bottle of medication had neither been removed nor had it been notated anywhere that the expiration date had passed. The RN took the medication bottle out of stock and stated she would discard it.	9 199		
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 in treatment and in care.	9 279		

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NAME OF PROVIDER OR SUPPLIER OPPORTUNITIES AND RESOURCES, INC (HOL		STREET ADDRESS, CITY, STATE, ZIP CODE 64-1510 KAMEHAMEHA HIGHWAY 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
9 279	Continued From page 23 This Statute is not met as evidenced by: Based on observations and interview with staff member, the facility failed to assure staff treat clients with consideration and dignity by modeling appropriate mealtime behavior and conversation by sitting with clients at the dining room table. Findings Include: On 03/17/22 at 06:00 AM, observed Client (C)1, C3, and C4 at the dining table eating breakfast. C3 and C4 were eating independently. Reliever (R) 3 was observed standing behind, at proximity (less than two feet), from Client (C) 4 as he/she was eating. R3 did not sit down with the clients and model appropriate mealtime behavior or conversation. Teacher (T) 1 was observed standing, not at eye-level, while providing C1 assistance with his/her breakfast. C1 would have to tilt his/her head up during dining to communicate and provide eye-contact with T1 while receiving assistance. Interview with Qualified Intellectual Disabilities Professional (QIDP) on 03/18/22 at 01:39 PM, stated " ...should not be standing over clients but should be either sitting with them at the table or at ..." an appropriate proximity to monitor clients, such as the living room	9 279	Correction: The caregivers, relievers and other staff were given re-training on the proper way of assisting the clients while having meal. They were advised that they should sit beside the client and not to stand behind or beside them for proper eye contact conversation while client is eating. Future Plan: The QIDP will observe lunch and dinner at least every other day to ensure that proper way of assisting client while eating is being implemented.	4/21/22 4/21/22