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RN, ICF Program Manager

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5/19/22

If continuation sheet 1 of 3

Hawall Dept. of Health, Office of Health Care Assurance (X3) DATE BURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING: 04/22/2022 B. WING 12G034 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 91-824 B HANAKAHI STREET THE ARC IN HAWAII - EWA B EWA BEACH, HI 967 6 DICARE CERTIFICATION PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PHÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LCC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) 9 000 9 000 INITIAL COMMENTS A re-licensure survey was conducted by the Office of Health Care Assurance on 04/19/22 to 04/22/22. The facility was not in compliance with Title 11, Chapter 99, Intermediate Care Facilities. 4/23/22 Plan of Action: 9 151 9 151 11-99-15(b) INFECTION CONTROL Upon surveyors exit, Home Manager and home staff were immediately corrected on the There shall be appropriate policies deficient practice. They were instructed by ICF and procedures written and implemented Program Manager to change respirator mask for the prevention and control of upon exit from rooms of residents in isolation infections and the isolation of and made sure adequate PPEs were easily infectious residents. accessible for staff use, A changing station/ table, to access PPEs (respirator mask, isolation This Statute is not met as evidenced by: Based on observations and Interviews, the facility gowns, gloves, face shields and hand sanitizer) were placed on each end of the hallways falled to don new respirator masks before and failed to doff and discard respirator masks after leading to resident's rooms providing services for three of five sampled clients Client (C) 1, C2 and C3 whom were in Isolation due to testing positive for COVID-19. 4/26/22 & Memo was sent out to each home with signs of 6/3/22 Findings Include: how to properly don and doff PPEs. Signs on proper donning and doffing of PPEs was On 04/22/22 and 09:50 AM, a concurrent distributed to be posted up by participant's Interview and observation was done with Direct bedroom when a resident/s are placed on Service Professional (DSP) 1. DSP1 stated that isolation precautions. Home Managers were C1, C2 and C3 had tested positive for COVID-19 instructed to go over the diagrams with staff. and were isolating in their bedrooms until they There will also be a changing station/table, to were cleared from quarantine, and that their access PPEs (respirator mask, isolation gowns, bedroom doors were to remain closed. DSP1 gloves, face shields and hand sanitizer) placed further stated that the staff had to wear a gown, face shield, gloves, and an N95 respirator mask outside of participants' room. Nurse Manager when providing care to C1, C2, and C3. DSP will review and revise current Policy and stated that C4 and C5 had tested negative for Procedures with the emphasis on respirator COVID-19 but were under observation since C4 mask usage. A copy of the revised Policy and Procedures will be sent to all homes by 6/3/22. and C5 were part of the same household of C1, C2 and C3. Surveyor observed that bedroom doors for C1, C2 and C3 were closed while C4 and C5's bedroom doors remained open. Office of Health Care Assurance (X6) DATE TITLE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - EWA B STREET ADDRESS, CITY, STATE, ZIP CODE 31-824 B HANAKAHI STREET EWA BEACH, HI 95708 SUMMENT STATEMENT OF DEFICIENCIES FROM BEACH, HI 95708 GRACH CORRECTION MUST RE PRECEDED BY NULL REGULATION OR LISC IDENTIFYING INFORMATION) 9 151 Continued From page 1 9 151 On 04/22/22 at 10:20 AM, DSP2 was observed withing and closing the door to C1s bedroom. DSP2 had his face shield and NSF respirator mask on. After santitzing his face shield, he want to the sink to wash his hands. DSP2 did not doff his NS5 respirator. On 04/22/22 at 10:27 AM, surveyor Interviewed DSP2 and asked if he needed to change his N95 mask after leaving C1's room. DSP2 stated, "Yea, I, should be changing my mask when leave the room." DSP2 then dotted and discarded his N85 respirator mask want then donned a new N85 respirator mask. On 04/22/22 at 10:40 AM, surveyor observed DSP1 don a face shield, gloves, N55 respirator mask. On 04/22/22 at 10:40 AM, surveyor observed DSP1 don a face shield, gloves, N55 respirator mask. On 04/22/22 at 10:40 AM, surveyor observed DSP1 don to face shield, gloves, N55 respirator mask. On 04/22/22 at 10:40 AM, surveyor observed DSP1 if he changes her non-mask, and gown and then entired C3's room. At 10:40 AM, DSP1 skiled C1's room. DSP1 then washed her hands. DSP1 did not doff her N95 respirator mask. On 04/22/22 at 10:46 AM, surveyor interviewed DSP1. Surveyor asked DSP1 if he changes her N95 respirator mask when leaving C1, C2 or C3's room. DSP1 stated that she leave her N95 respirator mask when leaving C1, C2 or C3's room. DSP1 stated that she was told by management to wear an N85 respirator mask when providing care for C1, C2, C3 but wash't told to remove and dispose of her N95 respirator mask when providing care for C1, C2, C3 but wash't told to remove and dispose of her N95 respirator mask when providing care for C1, C2, C3 but wash't told to remove and dispose of her N95 respirator mask when leaving C1, C2, or C3's room. | STATEMENT OF DEFICIENCIES | | (X1) PROVIDER/BUPPLIER/CLIA | (XZ) NOCTH EE CONSTRUCTION | | | | |
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