

PRINTED: 05/05/2022  
FORM APPROVED

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## Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  12G034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 22-05-00184 BW 22 MAY 20 A7:40 B. WING	(X3) DATE SURVEY COMPLETED  04/22/2022
NAME OF PROVIDER OR SUPPLIER  THE ARC IN HAWAII - EWA B		STREET ADDRESS, CITY, STATE, ZIP CODE 91-824 B HANAKAHI STREET EWA BEACH, HI 96706		
(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 04/19/22 to 04/22/22. The facility was not in compliance with Title 11, Chapter 99, Intermediate Care Facilities.	9 000		
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: Based on observations and interviews, the facility failed to don new respirator masks before and failed to doff and discard respirator masks after 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.  Findings include:  On 04/22/22 and 09:50 AM, a concurrent interview and observation was done with Direct Service Professional (DSP) 1. DSP1 stated that C1, C2 and C3 had tested positive for COVID-19 and were isolating in their bedrooms until they were cleared from quarantine, and that their bedroom doors were to remain closed. DSP1 further stated that the staff had to wear a gown, face shield, gloves, and an N95 respirator mask when providing care to C1, C2, and C3. DSP stated that C4 and C5 had tested negative for COVID-19 but were under observation since C4 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.	9 151	Plan of Action: Upon surveyors exit, Home Manager and home staff were immediately corrected on the deficient practice. They were instructed by ICF Program Manager to change respirator mask upon exit from rooms of residents in isolation and made sure adequate PPEs were easily accessible for staff use. A changing station/table, to access PPEs (respirator mask, isolation gowns, gloves, face shields and hand sanitizer) were placed on each end of the hallways leading to resident's rooms  Systemic: Memo was sent out to each home with signs of how to properly don and doff PPEs. Signs on proper donning and doffing of PPEs was distributed to be posted up by participant's bedroom when a resident/s are placed on isolation precautions. Home Managers were instructed to go over the diagrams with staff. There will also be a changing station/table, to access PPEs (respirator mask, isolation gowns, gloves, face shields and hand sanitizer) placed outside of participants' room. Nurse Manager will review and revise current Policy and Procedures with the emphasis on respirator mask usage. A copy of the revised Policy and Procedures will be sent to all homes by 6/3/22.	4/23/22  4/26/22 & 6/3/22

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

TITLE

(X6) DATE

RN, ICF Program Manager

5/19/22

STATE FORM

8599

ZDY011

If continuation sheet 1 of 3

5/20/22 emailed results to client

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NAME OF PROVIDER OR SUPPLIER  <b>THE ARC IN HAWAII - EWA B</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>91-824 B HANAKAHI STREET EWA BEACH, HI 96706</b>		
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9 151	<p>Continued From page 1</p> <p>On 04/22/22 at 10:20 AM, DSP2 was observed exiting and closing the door to C1's bedroom. DSP2 had his face shield and N95 respirator mask on. After sanitizing his face shield, he went to the sink to wash his hands. DSP2 did not doff his N95 respirator.</p> <p>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, "Yes, I should be changing my mask when I leave the room." DSP2 then doffed and discarded his N95 respirator mask, sanitized his hands, and then donned a new N95 respirator mask.</p> <p>On 04/22/22 at 10:40 AM, surveyor observed DSP 1 don a face shield, gloves, N95 respirator mask, and gown and then entered C3's room. At 10:40 AM, DSP1 exited C1's room. DSP1 sanitized her hands. DSP1 had her face shield and N95 respirator mask on. DSP1 then removed and sanitized her face shield with a sanitizing wipe. DSP1 then washed her hands. DSP1 did not doff her N95 respirator mask.</p> <p>On 04/22/22 at 10:46 AM, surveyor interviewed DSP1. Surveyor asked DSP1 if she changes her N95 mask when leaving C1, C2 or C3's room. DSP1 stated that she leaves her N95 respirator mask on throughout the day and doesn't replace it for a new N95 respirator mask after leaving C1, C2, or C3's room. DSP1 stated that she was told by management to wear an N95 respirator mask when providing care for C1, C2, C3 but wasn't told to remove and dispose of her N95 respirator mask after leaving C1, C2, or C3's room.</p> <p>On 04/22/22 at 11:36 AM, Intermediate Care Facility Program Manager (ICF PM) was</p>	9 151	<p>Quality Assurance:</p> <p>Home Managers will monitor staff compliance daily when a participant is placed on isolation. ICF Program Manager and/or Nurse Manager will do a primary visit to home upon onset of participant being placed on isolation to ensure the safety and wellbeing of all participants and staff. This visit is to ensure the home have adequate PPE's available for staff. Assigned RN will monitor participant's health status closely and report to the respective PCP until the participant is cleared to get out of isolation.</p>	on going

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9 151	Continued From page 2  interviewed by telephone. ICF PM stated that staff should be donning a new N95 respirator mask before entering C1, C2 and C3's rooms and that staff should be doffing and disposing their N95 respirator mask after leaving C1, C2, and C3's rooms.	9 151	This page intentionally left blank	