

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/06/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G038	(X2) MULTIPLE CONSTRUCTION A. BUILDING BU - THE ARC OF MAUI (HALE KANALOA) B. WING _____		(X3) DATE SURVEY COMPLETED 06/21/2022
NAME OF PROVIDER OR SUPPLIER THE ARC OF MAUI - HALE KANALOA			STREET ADDRESS, CITY, STATE, ZIP CODE 450-B KANALOA AVENUE KAHULUI, HI 96732		
(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) COMPLETION DATE	
K 000	INITIAL COMMENTS THIS FACILITY MEETS THE REQUIREMENTS OF THE 2012 EDITIONS OF NFPA 99; HEALTH CARE FACILITIES CODE AND NFPA 101; LIFE SAFETY CODE, CHAPTER 33 EXISTING SMALL ICF/IIDS (EXISTING ROOM AND BOARD OCCUPANCIES).	K 000			

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

TITLE

(X6) DATE

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any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that further safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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E 000	Initial Comments THIS FACILITY MET THE LIFE SAFETY REQUIREMENTS OF APPENDIX "Z"; IN ACCORDANCE WITH CFR 483.475, CONDITION OF PARTICIPATION FOR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID)	E 000			

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NAME OF PROVIDER OR SUPPLIER THE ARC OF MAUI - HALE KANALOA			STREET ADDRESS, CITY, STATE, ZIP CODE 450-B KANALOA AVENUE KAHULUI, HI 96732		
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W 000	<p>INITIAL COMMENTS</p> <p>A recertification survey was conducted by the Office of Health Care Assurance from June 6, 2022, to June 8, 2022. Three facility reported incident (ACTS #9395, #9552, and #95358) was also investigated and unsubstantiated. The facility was in compliance with 42 CFR 483 Subpart I.</p> <p>Census: 4</p> <p>Sampled Clients: 2</p>	W 000			

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E 000	Initial Comments	E 000			
E 015	<p>The facility was found to be not in substantial compliance with 42 CFR §483.475, CoP: Emergency preparedness for Intermediate Care Facilities for Individuals with Intellectual Disabilities.</p> <p>Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1)</p> <p>§403.748(b)(1), §418.113(b)(6)(iii), §441.184(b)(1), §460.84(b)(1), §482.15(b)(1), §483.73(b)(1), §483.475(b)(1), §485.625(b)(1)</p> <p>[(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:</p> <p>(1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:</p> <p>(i) Food, water, medical and pharmaceutical supplies</p> <p>(ii) Alternate sources of energy to maintain the following:</p> <p>(A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.</p> <p>(B) Emergency lighting.</p> <p>(C) Fire detection, extinguishing, and alarm systems.</p> <p>(D) Sewage and waste disposal.</p>	E 015			

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E 015	<p>Continued From page 1</p> <p>*[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures. (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following: (A) Food, water, medical, and pharmaceutical supplies. (B) Alternate sources of energy to maintain the following: (1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (2) Emergency lighting. (3) Fire detection, extinguishing, and alarm systems. (C) Sewage and waste disposal. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the facility implemented emergency preparedness procedures for the safe and sanitary storage of provisions.</p> <p>Findings include:</p> <p>On 06/06/22 at 03:05 PM, conducted a review and inspection of the facility's provisions for emergency preparedness at the client's residence. Staff (S)1 assisted this surveyor in locating the provisions. The emergency preparedness provisions were stored in a cardboard box in an open-air room that is susceptible to the elements. The box was covered in dust and ripped which did not protect</p>	E 015			

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E 015	Continued From page 2 the integrity of the contents of the box. The contents of the box were covered in dust. The box contained 2 sealed plastic buckets with food provisions, several gallon bags of oatmeal (not labeled with a date prepared or expiration date), a bag of freeze-dried beef strips (expired 10/19/2014), bags for the clients, and several packages of briefs. One of the packages of briefs was opened. After going through the contents of the emergency cardboard box, S1 confirmed the provisions for emergency preparedness was not stored in a safe and sanitary manner.	E 015			