

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

PRINTED: 08/11/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G037		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/29/2022	
NAME OF PROVIDER OR SUPPLIER THE ARC OF MAUI - MANA OLA				STREET ADDRESS, CITY, STATE, ZIP CODE 450 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
W 000	INITIAL COMMENTS A fundamental recertification survey was conducted by the Office of Health Care Assurance. The facility was found not to be in substantial compliance with regulatory requirements at §42 CFR 440.150, Subpart I, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).			W 000			
W 434	<p>Survey Dates: 07/27/22 through 07/29/22 Census: 4 clients Sample Size: 4 clients</p> <p>FLOORS CFR(s): 483.470(f)(3)</p> <p>The facility must have exposed floor surfaces and floor coverings that promote maintenance of sanitary conditions. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain clean floors and side walls along floors in the hallways, bathrooms in residential home of all residents. This deficiency affects all 4 clients(C) of the 4 sampled clients, C1, C2, C3 and C4.</p> <p>Findings include: During a visit on 07/27/22 at 03:00 PM to the residential home of four clients, it was noted on observation that the side walls of the floors were dusty and dark with dirt. A white towel was used to wipe along the side walls of the floor and dark, discolored streaks on the towel transferred from the floor onto the white towel.</p> <p>A concurrent interview and observation of the hallway bathroom area with the resident manager (RM) was done. A tissue paper was used to wipe</p>			W 434			

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

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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 other 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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W 434	Continued From page 1	W 434			
W 478	<p>the floor. Demonstration to the RM showed the discolored streaks on tissue paper from the side walls along the floor. RM stated that they also had skid marks from the wheelchairs on the walls. RM stated that they do clean regularly.</p> <p>MENUS CFR(s): 483.480(c)(1)(ii)</p> <p>Menus must provide a variety of foods at each meal. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility did not follow the menu which did not provide a variety of foods for breakfast meal for all four clients (C)1, C2, C3 and C4 of the four sampled in the survey,</p> <p>Findings include:</p> <p>Observation was made on 07/28/22 at 0630 AM which revealed that Client (C) C1,2, 3 and 4 were sitting at the breakfast table. C3 was eating cereal and went to change his shirt. When C3 returned, he did not want his cereal. He was offered a pop tart. Queried C3 what he ate yesterday; however, C3 was not able to verbalize his breakfast from yesterday. Queried C4 what he ate yesterday for breakfast and C4 stated he had cereal.</p> <p>Interview was done on 07/28/22 at 06:45 AM with habilitation worker (HW)2. Queried HW2 who stated that in the morning, we don't have time for cooking, so we offer cold or hot cereal. We don't have enough staff to cook in the morning. This week, we only offer hot or cold cereal or pop tarts.</p>	W 478			

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W 478	Continued From page 2 Record review (RR) on 07/28/22 at 06:47 AM of menu for Mana House indicated that Week 1 menu's choices were Fruit juice hot or cold cereal and/or ...which would be a hot meal variation throughout the week. Interview was done on 07/28/22 at 07:11 AM with the Resident Manager (RM) who stated that they only have 1 hour and 45 minutes to get the residents out the door and they don't have time to cook. We had an exemption from the nutritionist. Interview was done with nutritionist on 07/28/22 at 11:30 AM. Queried nutritionist regarding an exemption and she stated that she was talking about a fruit that can be exchanged for a fruit juice, etc. Discussed the lack of variety in the menu items being served for breakfast. Explained that the clients are mostly offered cold or hot cereal or pop tarts with juice. The nutritionist stated that we usually do a three-day menu, and we cycle it through. I have some other ideas. I wished they would have called me. The residents would be tired of the same thing over and over. I can work on something and add variety.	W 478			
W 501	COVID-19 Policies and Procedures: Education CFR(s): 483.460(a)(4)(ii) § 483.460(a)(4)(ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine. This STANDARD is not met as evidenced by: Based on record review (RR) and interview, the	W 501			

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W 501	Continued From page 3 facility failed to provide education regarding the COVID-19 vaccination, specifically to define the benefits and risks involved and potential side-effects of the vaccine. Findings include: RR was done on 07/27/22 of the COVID-19 Vaccination policy. No documentation found that addressed the benefits, side-effects or risks of the vaccine or that it would be provided to all staff prior to receiving the vaccination. Interview done on 07/29/22 at 01:00 PM with the Program Director, Registered Nurse, Resident manager and ICF case manager. Although the policy and test result logs were provided, no education for COVID-19 was given when asked.	W 501			
W 505	COVID-19 Policies and Procedures: Medical Rec CFR(s): 483.460(a)(4)(vi)(A) § 483.460(a)(4)(vi) The client's medical record includes documentation that indicates, at a minimum, the following: (A) That the client or client's representative was provided education regarding the benefits and risks and potential side effects of COVID-19 vaccine; and This STANDARD is not met as evidenced by: Based on record review (RR) and interview, the facility failed to provide education regarding the COVID-19 vaccination, specifically to define the benefits and risks involved and potential side-effects of the vaccine. Findings include: RR was done on 07/27/22 of the COVID-19	W 505			

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E 000	Initial Comments This facility met the requirements of Appendix "Z", in accordance with CFR 483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disability (ICF/IID).			E 000			

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