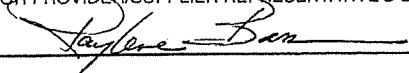


Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2022
NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - 6 B		STREET ADDRESS, CITY, STATE, ZIP CODE 852-A PAAHANA STREET HONOLULU, HI 96816		
(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 relicensing survey was conducted by the Office of Health Care Assurance (OHCA) on August 16, 2022.to August 18, 2022. The facility was found not to be in substantial compliance with Title 11, Chapter 99, Subchapter 1. Current Residents: 4 Sampled Residents: 2	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, interviews, and record review, the facility failed to ensure staff working with the clients implemented the client's individual program plan (IPP). As a result of this deficiency, clients were unable to function at their greatest physical, social, and vocational level and is at risk of a decrease in function. Findings include: 1) On 08/16/22 at 3:00 PM, conducted an observation of snack time in house 6B. Client (C)1 was prompted to assist the Home Manager (HM) with setting the table. C1 was instructed to wash his hands and complied. After C1 washed his hands, the HM got a paper towel for C1 to dry his hands and assisted him with drying his hands. C1 then walked to the table, HM had her hand on C1's back and walking him to the table.	9 005	Plan of Correction #1 Observation was conducted immediately at the home on the weekend of 8/19/22 after the Surveyor exit. Program Manager met and counseled Home Manager on 8/23/22 and discussed preliminary findings per surveyor. Home Manager was placed on 30-day job performance and observation evaluation with emphasis on competent interactions, behavior management and supervisory skills. Program Manager/ Case Manager will conduct random home observations. Home Manager 30-day performance evaluation is from August 23, 2022- Sept 23, 2022. Program Manager/Case Manager retrained the Home Manager and the Residential staff on appropriate interactions that were consistent with	8/23/22

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



TITLE
RN ICF Program Manager

(X6) DATE
9/7/22

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9 005	<p>Continued From page 1</p> <p>On 08/17/22 at 06:36 AM, conducted an observation of breakfast in house 6B. C1 was instructed wash his hands and set the table. C1 went to the sink, washed his hands, then HM held his hands together with one hand and got a paper towel and wiped C1's hands. After completing handwashing, HM gave C1 a plate with 4 cups (upside down on the plate) on it to carry to the table. HM held C1 firmly by the left wrist (C1 was holding the plate of cups with both hands) with her left hand and her right hand was holding the back of C1's shirt, pushing and pulling him to where he should go towards the table. C1 was walking directly to the table and was not attempting to walk in another direction. When they arrived at the table, HM did not remove her hand from C1's shirt, grabbed C1's left hand and controlled his left hand with placing the cups on the table. After the cups were set and HM released the back of C1's shirt and hand, C1 switched two cups. HM appeared to be annoyed with C1 and charged toward C1 while telling him he was "doing it wrong" (setting the table), C1 flinched and put his arms up in front of his face as to block himself as she approached him. HM's face got close to C1 face and stated "Focus Jerry, Focus Jerry!!! It's breakfast time you have to focus." C1 took a step back from HM. HM's body language was aggressive towards C1. Throughout breakfast, HM gave C1 continuous verbal cues in rapid succession and sounded as if she was becoming increasingly irritated with C1. During breakfast, HM assisted C1 (hand-in-hand) with pouring milk, but not with pouring water. After breakfast, observed C1 carrying his plate with two cups on it (i his right hand) and his placemat (in his left hand) while ambulating to the kitchen sink independently, with no issues.</p> <p>After breakfast, C1 was seated on the living room</p>	9 005	<p>Cont. the programs implemented for Clients CI, C2, & C3 on 8/23/22. Residential Home Manager and staff to be further retrained on PBSP, BMP and other Protocols involving clients at the home by 9/23/22.</p> <p>Systemic Case Manager to review all IPP's and PBSP of all ICF participants monthly. Case Manager will conduct bimonthly observations to ensure staff are following active treatment plans as trained. Program Manager monitoring will include coordinating and monitoring monthly and quarterly observations and reviews of all ICF participants' daily progress notes and active treatment plans. Program Manager will follow up with additional training with the Case Manager on additional programs and BMPs as needed.</p> <p>In addition, home managers are required to attend mandatory trainings to assist with developing necessary skills to be an effective Home Manager. Trainings will be determined by the Training Coordinator and Program Manager. In absence of Program Manager, an alternate QIDP will monitor and</p>	monthly/ bi-monthly

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9 005	<p>Continued From page 2</p> <p>couch, rocking, and humming while HM was in the kitchen administering medications to other clients in the house. C1's rocking was not exaggerated (nor in a manner that had the potential for injury) and his humming was not loud as to interfere with other clients in the home. HM yelled from the kitchen to the living room "C1, stop moving!". HM loudly asked C1 "and why are you making that noise? Stop it!"</p> <p>On 08/17/22 at 10:45 AM, conducted interviews with Day Program Staff (DPS)1 and DHS2. Inquired with both staff if it was C1's normal behavior to flinch and put his arms up when approached swiftly by staff. DPS1 and DPS2 both confirmed it was not normal behavior and had not had an incident where C1 put his arms up in front of his face when either of them approached C1 quickly. DPS1 stated he had worked with C1 extensively for a while with C1 and has not seen the client put his arms defensively when interacting with him.</p> <p>On 08/18/22 at 1:00 PM, conducted a review of C1's Individual Program Plan (IPP) that documented C1 rocks for self-soothing sensory input, he enjoys singing songs, has the fine motor dexterity to grab and holds any size item of his choosing, requires supervision (not assistant) with ambulating, and C1 does not fare well with people repeating directives and does best when he is allowed time to process request.</p> <p>Review of the client's Positive Behavior Support Plan (PBSP) documented C1 should be given time in between request to process and choose whether he will comply. Staff should not nag at Jeremiah to follow request immediately and repeating request could irritated him. He has a slower processing speed, so staff need to be</p>	9 005	<p>Cont. document effectiveness of active treatment for each client monthly and quarterly.</p> <p>Quality Assurance Program Services will conduct audits of individual records to ensure compliance is maintained quarterly. Case Manager will conduct bimonthly home observations and discuss findings with Home Manager and report to Program Manager. Program Manager will submit quality assurance observation form with evaluation findings quarterly for all ICF homes and participants. Findings will be discussed in monthly meetings or as needed. Program Manager will submit findings to Director of Operations for review, to serve as verification that staff are trained as required.</p> <p>Plan of Correction: #2 An in-service training will be held for direct care staff regarding client rights, client choices and positive phrasing with client's home manager and staff by 9/16/22.</p>	<p>on-going</p> <p>9/16/22</p>

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9 005	<p>Continued From page 3</p> <p>patient with him when giving directive.</p> <p>During an interview on 08/18/22 at 1:39 PM with the Program Manager (PM), it was confirmed that C1 does not need assistance from staff ambulating and can carry items without assistance from staff.</p> <p>2) On 08/17/22 at 06:45 AM, C2 was instructed to wash her hands and go to the table for breakfast. As C2 walked to the table, HM held her by the wrist and the back of her shirt and walked her to the breakfast table. Observations of C2 on 08/16/22 at the day program confirmed C2 does not require assistance with walk, though she may opt to hold onto staff. There were no observations of day program staff holding the client's wrist or the back of her shirt while ambulating.</p> <p>Review of C2's IPP documented sometimes C2 gets distracted from one location to another, staff may use their bodies to redirect and guide C2 while walking with her.</p> <p>On 8/18/22 at 1:39 PM, an interview with PM it was confirmed C2 can ambulate independently and did not require HM to hold the client by the wrist or the back of her shirt.</p> <p>3) On 08/16/22 at 3:07 PM, observed C3 walk to the sink, perform hand hygiene, and walk to the table with his snack with staff assistance. While seated at the table, waiting for snack, House Staff (HS)3 place C3's hands in front of him on the table and placed her hand on his preventing him from feeling items on the table until it was time to eat his snack. Inquired with HS3 as to why his hands were on the table. HS3 stated C3 could not see and may knock over the snack and to</p>	9 005	<p>Cont.</p> <p>Systemic: Regular in-service training on client rights, client choices and positive phrasing will be done by Case Manager and Program Manager for all direct care staff on as needed basis and at least annually.</p> <p>Quality Assurance: Case manager will monitor staff monthly at the ADH centers as well as in the homes to ensure compliance is being met. Program Manager will conduct quarterly QA reports. If there are any findings during QA observation, Case Manager or Program Manager will discuss with staff immediately. Findings will also be discussed during monthly QA meetings with suggestions on corrective action if needed.</p>	<p>as needed & annually</p> <p>on-going</p>

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9 005	Continued From page 4 wait for other clients so they could eat together, On 08/17/22 at 09:30 AM, at the day program during snack, staff verbally instructed C3 to assist with cleaning the table in front of him for snack and the client complied without incident. After cleaning the table, staff informed C3 that his snack was in front of him, but he needed to wait until clients at his table were ready to eat together. C3 complied with staff request and did not feel in front of him for the snack and waited until staff informed him it was time to have his snack. DPS3 confirmed C3 is compliant with staff's verbal request and does not need for staff to place their hand on his for compliance to wait for other clients during meals. Review of C3's IPP documented C3 understands simple verbal instructions. On 08/18/22 at 1:43 PM, conducted an interview with PM, it was confirmed C3 will follow staff's verbal instructions and staff should have verbally informed C3 of the food in front of him and requested that he waits for the other clients before eating his snack and he would have complied.	9 005	This page intentionally left blank.	
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 observation, interviews, and record review, the facility failed to ensure staff implemented appropriate practices when maintaining a clients individual medication administration record. As a result of this	9 190		

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9 190	<p>Continued From page 5</p> <p>deficiency, there is an increase in the potential for an actual medication error to occur that could result in harm for the client.</p> <p>Findings include:</p> <p>On 08/17/22 at 07:10 AM, conducted an observation of Home Manager (HM) administering medications to Client (C)2. HM put a dot in the appropriate box in the Medication Administration Record (MAR) after dispensing the medication into a medication cup. After administering the medications and ensuring C2 had ingested all the medications, HM did not sign/initial the MAR. HM went on to administer medications to C1. HM continued the same process of marking the MAR with a dot after dispensing the medication into the medication cup and not signing/initialing the MAR after C2 ingested all medications ordered. Additionally, HM was observed pouring a capsule (from the bottle) directly into her hand (ungloved), then placing the capsule into C2's medication cup.</p> <p>Review of the MAR at 07:55 AM, after all clients were administered their morning medications and were being escorted outside for transport to the day program, documented HM did not sign/initial the MAR indicating the medication was administered for all clients. At 07:56 AM inquired with HM as to when the MAR is signed. HM stated that the MAR is not signed until after another staff had completed a second check of the MAR, 30 minutes after the medications were administered.</p> <p>On 08/08/22 at 1:20 PM, conducted an interview with the ICF Program Manager (PM). PM confirmed placing a dot in the MAR was not the facility's practice and staff should have</p>	9 190	<p>Plan of Action:</p> <p>The Arc in Hawaii strives to ensure staff implemented appropriate practices and follow proper medication administration procedure. Immediately after the surveyor exit the Assigned nurse and Program Manager spoke with the Home Manager regarding the observation mentioned and verbally corrected her. Assigned nurse followed up with a formal Inservice training on medication administration with the home manager on 8/27/22.</p> <p>Systemic:</p> <p>Home observations and retraining as needed will be conducted by the assigned nurses. With emphasis on the five rights and correct documentation as soon as medications are administered. All ICF Home managers will be retrained by 09/19/2022 to minimize medication errors and ensure client safety. Review of the Medication Administration Procedure to make sure staff who are signed off to pass medications understand each step.</p> <p>Quality Assurance:</p> <p>Assigned nurses will do random observations on the homes and correct</p>	<p>8/27/22</p> <p>9/19/22</p> <p>on-going</p>

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9 190	Continued From page 6 signed/initialed the MAR immediately after administering the medications to the clients, verifying the client did receive (ingest) the medications. PM also confirmed staff should not have poured a capsule directly into her bare hand then placed it into the medication cup.	9 190	Cont. improper practice as it occurs. Nurse Manager to conduct quarterly oversight to ensure compliance.	