PRINTED: 08/25/2022 FORM APPROVED

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			
		12G020	B. WING		08/15/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STATE	E, ZIP CODE		
THE ARC	IN HAWAII - 6 A	852 PAAI	HANA STREET			
THE ARC	IN HAWAII - V A	HONOLU	ILU, HI 96816			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
9 000	INITIAL COMMENTS		9 000			
		s conducted by the Hawaii on 08/11/22, 08/12/22, and				
9 151	11-99-15(b) INFECTION	ON CONTROL	9 151			
	There shall be appropriate and procedures written for the prevention and infections and the isolated infectious residents.	en and implemented d control of lation of				
	facility policies the factorial sanitary environment transmission infection failed to ensure staff rwhen not actively eatifrom clients, failed to	ns, interviews, and review of cility failed to provide a to avoid sources of as. Specifically, the facility members wore a face masking or drinking and away sanitize hands in between veen clients. As a result of ents are at risk for				
	Findings Include:					
	Professional (DSP) 2 (ADH) classroom. DS table as Client (C) 1 a away from C1. DSP2 drinking at the table w respirator. DSP2 their to C2 at C2's table. D one foot away from C drinking at the table w shield on. DSP2 wou	54 AM, Direct Support in the Adult Day Health SP2 was sitting at the same and was less than one foot was eating an orange and without wearing an N95 in got up and sat down next SP2 was seated less than 2. DSP2 was observed with no respirator or face all periodically turn the page in between him drinking his				
26	drink and looking at h	is phone. At 12:22 PM,				

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

TITLE (X6) DATE

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		12G020	B. WING		08/15/2022
					1 00/10/2022
NAME OF P	PROVIDER OR SUPPLIER		DDRESS, CITY, STATE	E, ZIP CODE	
THE ARC	IN HAWAII - 6 A		HANA STREET JLU, HI 96816		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
9 151	DSP2 stood up from the drink, and proceeded and face shield back of face mask on for a tot sitting next to clients. On 08/11/22 at 12:45 was done. Inquired when wearing a face DSP2 stated staff show mask at all times exceed DSP2 confirmed he whask earlier because. On 08/15/22 at 11:15 and Nurse (N) were in confirmed that staff show clients while staff confirmed that staff show clients when they are attended to the confirmed that staff show clients when they are attended to the confirmed that staff show confirmed that staff	the table, threw away his to put on his N95 respirator on. DSP2 did not have his tal of 28 minutes when PM interview with DSP2 hat the facility's policy is mask in the classroom, old be wearing their face expt when eating or drinking. Was not wearing his face he was drinking. AM, Nurse Manager (NM) interviewed. NM and N both hould sit at least 6 feet away if are eating. NM also hould wear a mask or are not actively drinking or are not actively drinking or and staff must wear or face mask and practice in visiting or working with at the homes, centers, or and wiping down tables, refrigerator handles. After DSP1 then removed and DSP1 then donned a new	9 151		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		12G020	B. WING		08	3/15/2022
NAME OF F			DDRESS, CITY, STATE	ZID CODE	1	<i></i>
NAME OF F	PROVIDER OR SUPPLIER		HANA STREET	, ZIP CODE		
THE ARC	IN HAWAII - 6 A	**=	ILU, HI 96816			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	COMPLETE DATE
9 151	Continued From page	2	9 151			
	At 12:25 PM, DSP1 c classroom. DSP1 wa then removed and dis not sanitize her hands lunch bag on the table	s wearing gloves. DSP1 sposed her gloves. DSP1 did s. DSP1 then touched C2's e with her hands. DSP1 air of gloves. DSP1 then				
	On 08/11/22 at 12:20 PM, DSP2 was observed in the ADH classroom drinking a soda and throwing it away in the trashcan. DSP2 then proceeded to don a respirator and face shield. DSP2 then donned a new pair of gloves without sanitizing his hands beforehand. DSP2 then wheeled C2 to the back room to change C2's briefs.					
	the ADH Classroom for gloves. After C2 was removed and dispose sanitize her hands. Dunch bag with her hat trash can to the side with the donned new gloves with beforehand. DSP1 the assisted C3 in walking refrigerator. DSP1 the and gave it to C3 wiponed sides.	d her gloves. DSP1 did not DSP1 then touched C3's nds. DSP1 then moved the with her hands. DSP1 then rithout sanitizing her hands len held C3's hand and				
	DSP1 stated that staf their hands before an On 08/15/22 at 11:15 interviewed. NM and staff should sanitize the	-				

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		12G020	B. WING		Of	3/15/2022
NAME OF D				7/0.0005	1 00	710/2022
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
THE ARC	IN HAWAII - 6 A		HANA STREET JLU, HI 96816			
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9 151	should be sanitizing he clients. On 08/15/22 at 12:00 Control Policy and Prestated, "4. How to Use gloves for each situat indicatedDiscard us trash receptacle and of gloves." 3) On 08/12/22 at 06: finish prepping breakf walk to C1 reposition inside of C2's breakfa of her, and reposition closer to the dining rosanitizing after taking clients. At 06:28 AM, 06:39 A observed to assist C1 observed to drop her C2 dropped her spool up and grabbed C2's kitchen. DSP6 was obback to C2 and set-up hand-over-hand assist and eat independently remove her gloves and hand sanitizing and cobreakfast. DSP6 was sanitize between residence.	PM, facility's "Infection ocedure" was reviewed and e Gloves: Use a new pair of ion in which handwashing is sed gloves in plastic lined wash hands after each use 21 AM observed DSP6 fast, take off one glove and her wheelchair, touch the 1st plate and move it in front C2's wheelchair to get her 1om table without hand off gloves and between M, and 06:45 AM DSP6 was with breakfast and C2 was spoon in her plate. When in her plate DSP6 stood plate and took it to the 1oserved to bring the plate of assist C2, provide 1otation of the 1otation	9 151			
	Control Policy and Pr	PM, facility's "Infection ocedure" was reviewed and ce of Personal Health and				

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		12G020	B. WING		08	/15/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE		
THE ARC	IN HAWAII - 6 A		NHANA STREET ULU, HI 96816			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
9 151	Hygiene: Wash hand wipes before and bet When to wash hands	s or use antiseptic hand ween assisting clients3. : Before and after assisting n toileting and/or feedingsoiled clothes or	9 151			

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