

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

PRINTED: 10/05/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/29/2022
NAME OF PROVIDER OR SUPPLIER OPPORTUNITIES AND RESOURCES, INC (HOUSE 3-C)			STREET ADDRESS, CITY, STATE, ZIP CODE 64-1510 KAMEHAMEHA HIGHWAY WAHIAWA, HI 96786		
(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 federal recertification survey was conducted by the Office of Health Care Assurance on 09/27/22 to 09/29/22. The facility was found not to be in substantial compliance with the requirements of 42 CFR 440.150, Subpart I, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). Census: 3 clients Sampled: 2 clients	W 000			
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observations, review of the facility's policy and procedures, and interview with a staff member the facility failed to ensure staff members washed their hands before disposable glove use while monitoring glucose level for client (C)3, encourage clients to wash hands before eating and during medication administration. This deficient practice places the clients residing in the home at an increased risk for illness and infections. Findings Include: Review of the facility's policy and procedure on infection control and prevention of communicable diseases documents "Staff and clients will wash hand with soap and running water...before and after handling food/eating." The facility's policy further documents "Universal precautions will be	W 455			

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

TITLE

(X6) DATE

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 455	<p>Continued From page 1</p> <p>used when handling items contaminated with blood or other body fluids...A. Gloves will be used when contact with mucous membranes, nonintact skin, or moist body substances is likely to occur. Handwashing is required after gloves are removed and before provides care to another client."</p> <p>1) On 09/27/22 at 04:24 PM observed Home Manager (HM) attempt to use the glucose monitor to check C3's blood sugar level and unable to get a drop of blood on to the test strip. HM requested for Reliever (R) 1 to assist her. R1 approached C3, put on gloves without hand sanitizing or washing her hands, and assisted C3. Inquired with R1 should have sanitized her hands prior to putting on gloves, R1 stated she was in a rush to help HM but should have sanitized her hands.</p> <p>2) On 09/27/22 at 02:40 PM prior to C2 and C3 eating their snack, staff members did not encourage them to wash their hands or hand sanitize.</p> <p>On 09/27/22 at 04:45 PM clients, C1, C2, and C3, were sitting at the dining room table waiting for their dinner. During this time staff members did not encourage them to wash their hands or hand sanitize. At 05:00 PM clients began eating their dinner without washing their hands or hand sanitizing prior.</p> <p>On 09/27/22 at 05:20 PM after C1 finished his dinner, observed HM prepare and bring C1's anti-diabetic medication to C1 at the dining room table. C1 was not encouraged her to wash his hands or hand sanitize prior to medication administration.</p>	W 455			

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W 455	Continued From page 2 On 09/28/22 at 07:00 AM observed medication administration for clients, C1, C2, and C3, clients were not encouraged to wash their -ands or hand sanitize prior to medication administration.	W 455			