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

AND DIAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		12G042	B. WING _		_	09/29/2022	
NAME OF PROVIDER OR SUPPLIER OPPORTUNITIES AND RESOURCES, INC (HOUSE 3-C)				STREET ADDRESS, CITY, S 64-1510 KAMEHAMEHA H WAHIAWA, HI 96786			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	((EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD BI ENCED TO THE APPROPRIA DEFICIENCY)		
E 000	Initial Comments		E	000			
E 039	Office of Health Care The facility was foun compliance with the Emergency Prepare EP Testing Requiren CFR(s): 483.475(d)(3) §416.54(d)(2), §418. §460.84(d)(2), §482. §483.475(d)(2), §484. §485.625(d)(2), §484. *[For ASCs at §416.6] "Organizations" unde §485.920, RHCs/FQ Facilities at §494.62] (2) Testing. The [faci to test the emergence must do all of the foll (i) Participate in a ful community-based ex (A) When a communiancessible, conduct exercise every 2 year (B) If the [facility natural or man-made activation of the emergence exempt from engagin	nents 2) 113(d)(2), §441.184(d)(2), 15(d)(2), §483.73(d)(2), 4.102(d)(2), §485.68(d)(2), 5.727(d)(2), §485.920(d)(2), 62(d)(2). 54, CORFs at §485.68, OPO, er §485.727, CMHCs at HCs at §491.12, and ESRD i: lity] must conduct exercises y plan annually. The [facility] lowing: I-scale exercise that is very 2 years; or nity-based exercise is not a facility-based functional urs; or cl experiences an actual e emergency that requires ergency plan, the [facility] is ng in its next required	E	039			
	functional exercise for actual event.	individual, facility-based ollowing the onset of the ional exercise at least every 2 year the full-scale or					
ADODATODY		(CLIDDLIED DEDDESENTATIVE'S SIGNATUR	<u> </u>	TITLE		(YE) DATE	

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

TITLE

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.

Facility ID: HI02IMR0042

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		12G042	B. WING		09/29/2022		
	DPPORTUNITIES AND RESOURCES, INC (HOUSE 3-C) (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE 64-1510 KAMEHAMEHA HIGHWAY WAHIAWA, HI 96786	1 03/23/2022		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICIENCY)	D BE COMPLETION		
E 039	this section is condinot limited to the fol (A) A second full-so community-based of functional exercise; (B) A mock disaster (C) A tabletop exercise a facilitator and inclian anarrated, clinically scenario, and a set directed messages, designed to challen (iii) Analyze the [facimaintain documenta exercises, and eme [facility's] emergence *[For Hospices at 4 (2) Testing for hospicity's home. The exercises to test the annually. The hospicity hospicity has ed exercise (A) When a community based exercises (B) If the hospice eximan-made emergency planengaging in its next community-based exercise of the emergency of	under paragraph (d)(2)(i) of ucted, that may include, but is lowing: ale exercise that is or individual, facility-based or drill; or cise or workshop that is led by udes a group discussion using y-relevant emergency of problem statements, or prepared questions ge an emergency plan. Elility's] response to and ation of all drills, tabletop grancy events, and revise the explan, as needed. 18.113(d):] Dices that provide care in the enospice must conduct energency plan at least pice must do the following: full-scale exercise that is every 2 years; or nity based exercise is not an individual facility based every 2 years; or one of the property of the hospital is exempt from the exercise or individual conal exercise following the	E 03	9			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		12G042	B. WING _			09/	29/2022	
	ROVIDER OR SUPPLIER	ES, INC (HOUSE 3-C)	•	64-1	EET ADDRESS, CITY, STATE, ZIP CODE 510 KAMEHAMEHA HIGHWAY HIAWA, HI 96786	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE	
E 039	is conducted, that may to the following: (A) A second full-sca community-based or exercise; or (B) A mock disaster (C) A tabletop exercia facilitator and include a narrated, clinically-scenario, and a set or directed messages, or designed to challenge (3) Testing for hospic care directly. The hospic exercises to test the exercise following the hospice expension of the emergency plan, engaging in its next rebased or facility-based following the onset of (ii) Conduct an additional may include, but is not (A) A second full-sca community-based or exercise; or (B) A mock disaster (C) A tabletop exercificallitator that includes	alle exercise that is a facility based functional drill; or see or workshop that is led by des a group discussion using relevant emergency for problem statements, or prepared questions an emergency plan. The sest that provide inpatient spice must conduct emergency plan twice per ust do the following: annual full-scale exercise that or ty-based exercise is not an annual individual hal exercise; or periences a natural or experiences a natural or experiences a natural or experience is exempt from the hospice is exempt from the equired full-scale community and functional exercise that the emergency event. It is a facility based functional drill; or see or workshop led by a see or workshop l	E	039				

IND DUAN OF CORRECTION INTERCATION NUMBER.		1 ` ′	PLE CONSTRUCTION G	(X3) DATE SURVE COMPLETED	(X3) DATE SURVEY COMPLETED			
		12G042	B. WING _		09/29/20	22		
	DPPORTUNITIES AND RESOURCES, INC (HOUSE 3-C) (X4) ID SUMMARY STATEMENT OF DEFICIENCIES		•	STREET ADDRESS, CITY, STATE, ZIP CODE 64-1510 KAMEHAMEHA HIGHWAY WAHIAWA, HI 96786		1 03/23/2022		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE COMP	X5) PLETION ATE		
E 039	challenge an emerg (iii) Analyze the ho maintain document	red questions designed to pency plan. spice's response to and ation of all drills, tabletop rgency events and revise the	E 0	39				
	§482.15(d), CAHs a (2) Testing. The [PF conduct exercises t twice per year. The do the following: (i) Participate in an is community-based (A) When a commu accessible, conduct facility-based functi (B) If the [PRTF, Ho actual natural or ma requires activation of [facility] is exempt for required full-scale of facility-based functi onset of the emerge (ii) Conduct ar and that may include following: (A) A second full-se community-based of functional exercise; (B) A mock (C) A tabletop of led by a facilitator a discussion, using a emergency scenario	RTF, Hospital, CAH] must to test the emergency plan to [PRTF, Hospital, CAH] must annual full-scale exercise that d; or nity-based exercise is not an annual individual, onal exercise; or ospital, CAH] experiences an an-made emergency that of the emergency plan, the rom engaging in its next community based or individual, onal exercise following the ency event. In [additional] annual exercise or lee, but is not limited to the cale exercise that is or individual, a facility-based						

STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		12G042	B. WING			09/29/2022	
NAME OF PROVIDER OR SUPPLIER OPPORTUNITIES AND RESOURCES, INC (HOUSE 3-C)			STREET ADDRESS, CITY, STATE, ZIP COD 64-1510 KAMEHAMEHA HIGHWAY WAHIAWA, HI 96786	·			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
E 039	plan. (iii) Analyze the maintain documenta exercises, and emer [facility's] emergency *[For PACE at §460. (2) Testing. The PACE exercises to test the annually. The PACE following: (i) Participate in an ais community-based (A) When a communaccessible, conduct facility-based function (B) If the PACE experman-made emergen the emergency plan, engaging in its next based or individual, exercise following the event. (ii) Conduct an ayears opposite the yexercise under paragis conducted that mathe following: (A) A second full-sc community-based or functional exercise; (B) A mock disaster (C) A tabletop exercise a facilitator and inclusing a narrated, clir scenario, and a set of	[facility's] response to and tion of all drills, tabletop gency events and revise the plan, as needed. 84(d):] E organization must conduct emergency plan at least organization must do the enanual full-scale exercise that a or ity-based exercise is not an annual individual, nal exercise; or enerces an actual natural or cy that requires activation of the PACE is exempt from required full-scale community facility-based functional e onset of the emergency additional exercise every 2 ear the full-scale or functional graph (d)(2)(i) of this section by include, but is not limited to cale exercise that is individual, a facility based or	E 03	39			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		12G042	B. WING		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	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETION		
E 039	(iii) Analyze the PAC maintain documental exercises, and emer PACE's emergency particles at (2) The [LTC facility] test the emergency pincluding unannounce emergency procedur ICF/IID] must do the (i) Participate in an is community-based (A) When a communaccessible, conduct facility-based function (B) If the [LTC facility actual natural or main requires activation on LTC facility is exemprequired a full-scale individual, facility-based following the onset of (ii) Conduct an addinary include, but is not (A) A second full-sc community-based or functional exercise; (B) A mock disaster (C) A tabletop exercise a facilitator includes narrated, clinically-reand a set of problem messages, or preparchallenge an emerge (iii) Analyze the [LTC facility and the community and the community-based or functional exercise; (C) A tabletop exercise a facilitator includes narrated, clinically-reand a set of problem messages, or preparchallenge an emerge (iii) Analyze the [LTC facility and the community and the community-based or functional exercise; (C) A tabletop exercise (C) A tabletop exe	ge an emergency plan. CE's response to and tion of all drills, tabletop gency events and revise the plan, as needed. at §483.73(d):] must conduct exercises to plan at least twice per year, and staff drills using the res. The [LTC facility, following: annual full-scale exercise that is, or inity-based exercise is not an annual individual, anal exercise. y] facility experiences an in-made emergency that if the emergency plan, the put from engaging its next community-based or sed functional exercise in the emergency event. It initial annual exercise that is in individual, facility based for drill; or cise or workshop that is led by a group discussion, using a elevant emergency scenario, in statements, directed red questions designed to	E 03				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		DNSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		12G042	B. WING _			09/	29/2022
OPPORTUNITIES AND RESOURCES, INC (HOUSE 3-C)		STREET ADDRESS, CITY, STATE, ZIP CODE 64-1510 KAMEHAMEHA HIGHWAY WAHIAWA, HI 96786		510 KAMEHAMEHA HIGHWAY	, 33:20:2322		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
E 039	[LTC facility] facility's *[For ICF/IIDs at §483 (2) Testing. The ICF/II to test the emergency The ICF/IID must do (i) Participate in an ari is community-based; (A) When a communi accessible, conduct a facility-based function (B) If the ICF/IID experimental emergency man-made emergency the emergency plan, engaging in its next re community-based or functional exercise for emergency event. (ii) Conduct an addition may include, but is not (A) A second full-scal community-based or functional exercise; or (B) A mock disaster or (C) A tabletop exercise a facilitator and includusing a narrated, clin scenario, and a set or directed messages, or designed to challenge (iii) Analyze the ICF/I maintain documentat exercises, and emergicity *[For HHAs at §484.1]	gency events, and revise the emergency plan, as needed. 3.475(d)]: ID must conduct exercises of plan at least twice per year. The following: Innual full-scale exercise that or ty-based exercise is not an annual individual, and exercise; or. In eriences an actual natural or ty that requires activation of the ICF/IID is exempt from equired full-scale individual, facility-based Illowing the onset of the ponal annual exercise that the tot limited to the following: In exercise that is an individual, facility-based or the exercise that is led by the exercise that is an individual, facility-based or the exercise that is led by the exercise that is an individual, facility-based or the exercise that is led by the exercise that is	E	039			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		12G042	B. WING _			09/	29/2022	
NAME OF PROVIDER OR SUPPLIER OPPORTUNITIES AND RESOURCES, INC (HOUSE 3-C)				64-	REET ADDRESS, CITY, STATE, ZIP CODE -1510 KAMEHAMEHA HIGHWAY AHIAWA, HI 96786			
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E 039	Continued From page	e 7	E	039				
	to test the emergency least annually. The H (i) Participate in a full community-based; or (A) When a com accessible, conduct a facility-based function or. (B) If the HHA e or man-made emerge of the emergency pla engaging in its next recommunity-based or functional exercise for emergency event. (ii) Conduct an addition opposite the year the exercise under paraging is conducted, that limited to the followin (A) A second full community-based or functional exercise; of (B) A mock disast (C) A tabletop exiled by a facilitator and discussion, using a nemergency scenario, statements, directed questions designed to plan. (iii) Analyze the HHA documentation of all emergency events, a emergency plan, as referred.	r plan at HA must do the following: -scale exercise that is munity-based exercise is not an annual individual, hal exercise every 2 years; experiences an actual natural ency that requires activation in, the HHA is exempt from equired full-scale individual, facility based exercise every 2 years, full-scale or functional raph (d)(2)(i) of this section to may include, but is not generated, but is not generated, clinically-relevant and a set of problem messages, or prepared to challenge an emergency exercise the HHA's needed.						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED			
		12G042	B. WING		09/29/2022		
	NAME OF PROVIDER OR SUPPLIER OPPORTUNITIES AND RESOURCES, INC (HOUSE 3-C) (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		•	STREET ADDRESS, CITY, STATE, ZIP CODE 64-1510 KAMEHAMEHA HIGHWAY WAHIAWA, HI 96786	1 03/23/2022		
(X4) ID PREFIX TAG	(EACH DEFICIE		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION		
E 039	following: (i) Conduct a paper workshop at least a led by a facilitator a discussion, using a emergency scenari statements, directe questions designed plan. If the OPO ex man-made emerge the emergency planengaging in its nex following the onset (ii) Analyze the OP documentation of a emergency events, OPO's] emergency *[RNCHIs at §403. (d)(2) Testing. The exercises to test the must do the following (i) Conduct a paper least annually. A tare discussion led by a clinically-relevant exprepared questions emergency plan. (ii) Analyze the RN maintain document	r-based, tabletop exercise or annually. A tabletop exercise is and includes a group narrated, clinically relevant o, and a set of problem d messages, or prepared d to challenge an emergency operiences an actual natural or ncy that requires activation of n, the OPO is exempt from the trequired testing exercise of the emergency event. O's response to and maintain and revise the [RNHCI's and plan, as needed. 748]: RNHCI must conduct the emergency plan. The RNHCI ng: r-based, tabletop exercise at bletop exercise is a group facilitator, using a narrated, mergency scenario, and a set ents, directed messages, or a designed to challenge an ents, and revise the RNHCI's ents, and revise the RNHCI's	E 03	39			
	This STANDARD i Based on interview failed to conduct ex plan at least twice p	s needed. s not met as evidenced by: v and record review the facility kercises to test the emergency per year, the facility failed to nual full-scale exercise that is					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l l	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		12G042	B. WING _			09/29/2022	
	ROVIDER OR SUPPLIER JNITIES AND RESOUR	CES, INC (HOUSE 3-C)	•	STREET ADDRESS, CITY, STATE, ZIP CO 64-1510 KAMEHAMEHA HIGHWAY WAHIAWA, HI 96786			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C ((EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
E 039	Coordinator (PC) w	05 AM interview with Program as done. PC confirmed the cipate in an annual full-scale	EC				