

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Arc in Hawaii-Waipahu B	CHAPTER 89
Address: 94-060B Poailani Circle, Waipahu, Hawaii 96797	Inspection Date: August 26, 2022 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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SEP 22 2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (a) The caregiver shall, in coordination with the case manager, arrange for resident access to medical services at all times, including emergency services. The facility shall have a written policy which specifies the procedures to be followed in medical emergencies.</p> <p><u>FINDINGS</u> Resident #1 – Last documented dental office visit was 4/21/22, more than 16 months ago.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The resident was taken to the dentist on September 26, 2022. attachment #1</p>	<p>9/26/22</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (a) The caregiver shall, in coordination with the case manager, arrange for resident access to medical services at all times, including emergency services. The facility shall have a written policy which specifies the procedures to be followed in medical emergencies.</p> <p><u>FINDINGS</u> Resident #1 – Last documented dental office visit was 4/21/22, more than 16 months ago.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>Home Manager will schedule next dental appointment. Refusal of dental care will be noted in the T-log. Home Manager will submit dental visit note as required. Nurse will continue to review and make recommendations during her quarterly visits.</p>	<p>9/30/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – No indication for as needed use for “Ear Drop 6.5% and Mupirocin 2% oint.” Please clarify with physician.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>See after visit summary page 2 for both medications. The physician also initialed the physician order as verification. See attachment #2</p>	<p>9/12/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – No indication for as needed use for “Ear Drop 6.5% and Mupirocin 2% oint.” Please clarify with physician.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>Home Manager, will seek clarification of orders for medications that are not clearly defined, as soon as orders are provided. The nurse may advise the Home Manager to obtain additional clarification as needed. The nurse will continue to review records, and make recommendations during her quarterly visits.</p>	9/19/22

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 -- Per medication record, Daytime Tussin DM Max was given to the resident on 4/9/22, 4/28/22, and 5/1/22. No physician's order on file.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>A physician order was obtained for the medication. See attachment #3.</p>	<p style="text-align: center;">9/12/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – Per medication record, Daytime Tussin DM Max was given to the resident on 4/9/22, 4/28/22, and 5/1/22. No physician's order on file.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>It is expected that the Home Manager will ensure that a written medication order is obtained within 72 hours of starting a new medication. As per protocol, the Home Manger will send a copy to the nurse. The nurse will continue to review records, and make recommendations during her quarterly visits.</p>	<p>9/19/22</p>

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Licensee's/Administrator's Signature: Laurie Natagawa

Print Name: Laurie Natagawa

Date: 9/19/22

Licensee's/Administrator's Signature: Christine Menezes Director of Operations

Print Name: Christine Menezes

Date: November 30, 2022