

RECEIVED  
AUG 29 2022

Office of Health Care Assurance

State Licensing Section

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<b>Facility's Name:</b> The Arc of Maui - Hale Lahaina	<b>CHAPTER 89</b>
<b>Address:</b> 5220 Kohi Street, Napili, Hawaii, 96761	<b>Inspection Date:</b> August 18, 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.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div data-bbox="199 267 241 300" style="text-align: center;"> <input checked="" type="checkbox"/> </div> <div data-bbox="189 316 231 430" style="writing-mode: vertical-rl; transform: rotate(180deg);"> 72 SEP 22 </div>	<p>§11-89-3 <u>Licensure</u>. (d)(2)  The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><b><u>FINDINGS</u></b>  Caregiver #2 – No current Fieldprint result. Available result is dated 10/7/20.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Repts attached</i></p>	<p style="text-align: center;"><i>9/1/22</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3. <u>Licensure</u>. (d)(2)  The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><u>FINDINGS</u>  Caregiver #2 – No current Fieldprint result. Available result is dated 10/7/20.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>Refer to attached</i></p>	<p><i>9/11/22</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(2) Medications:</p> <p>Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b> Medication/binders cabinet was mostly unlocked during inspection. Caregiver locked it near the end of inspection.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(2) Medications:</p> <p>Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b> Medication/binders cabinet was mostly unlocked during inspection. Caregiver locked it near the end of inspection.</p> <p>22 SEP -8 AM 31 STATE OF OHIO STATE DEPARTMENT OF HEALTH</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>Refer to attached</i></p>	<p><i>9/1/22</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(3)(A) Medications:</p> <p>Compartments shall be provided, for each resident's medications and separated as to:</p> <p>External use only;</p> <p><b><u>FINDINGS</u></b> Resident #1 – External and internal medications stored in the same container.</p> <p>'22 SEP -8 AM 11:31 STATE OF MICHIGAN STATE LIAISON</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Refer to attached</i></p>	<p><i>9/1/22</i></p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 Resident health and safety standards. (e)(3)(A) Medications:</p> <p>Compartments shall be provided, for each resident's medications and separated as to:</p> <p>External use only;</p> <p><b><u>FINDINGS</u></b> Resident #1 – External and internal medications stored in the same container.</p> <p>22 SEP -8 AM 11:31 STATE OF MICHIGAN DEPT. OF HEALTH &amp; HUMAN SERVICES COMMUNITY CARE LICENSING DIVISION</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Refer to attached</i></p>	<p>9/1/22</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><b><u>FINDINGS</u></b> Resident #1 – Physician's order for DOK 100mg Soft Gel dated 4/8/22, 1/4/22, and 10/4/21 did not have indication for as needed use. The medication was discontinued on 6/9/22.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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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><b><u>FINDINGS</u></b> Resident #1 – Caregiver left Fluticasone Prop 50mcg nasal spray on the table with the resident and walked away. The resident self-administered the medication during breakfast. Although multiple caregivers were present at home, staff did not supervise the resident during self-administration. There was no physician's order for self-administration.</p> <p>SEP -8 AM 11:00 STATE OF MARYLAND SEP 8 2022 STATE OF MARYLAND</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Physician's order 6/29/22 was Oxybutynin ER 5mg, 1 tablet daily. In medication administration record (MAR), Oxybutynin CL ER 10mg tablet, 1 tab by mouth once a day was listed.</p> <p>SEP -8 AM 31  STATE OF MARYLAND  STATE LICENSING</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Refer to attached</i></p>	<p><i>8/30/22</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Breakfast menu posted stated “Apple Juice Hot or Cold Cereal and/or Lite Sausage 2lks ^2SI. WW Toast Margarine 2tsp Jelly 2tsp Milk 8oz.” Meal served was dairy/sugar/gluten free pancake, regular bacon, and oat milk (per caregiver). No documented evidence that the meals were well balanced and sufficient in quantity and quality, as facility menus were not followed.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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Licensee's/Administrator's Signature: Maria Sely

Print Name: MARIA SELY

Date: 9/4/22

'22 SEP -8 AM 31

STATE OF ILLINOIS  
DEPARTMENT OF  
STATE POLICE

*Arc of Maui County*  
**Hale Lahaina**  
**Plan of Correction**  
August 2022

**Annual Inspection:** 8/18/22

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• **Rule (Criteria)**

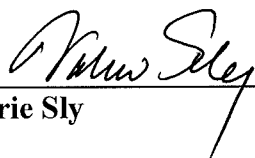
11-89-3 Licensure, (d)(2)

**Corrective Action Part 1:**

In review of this issue, the Fieldprint result for Caregiver #2 was not readily available because it never made it into the staff certification binder and wasn't available for review on the day of inspection. However, fingerprinting was completed on 2/9/22.

To correct this issue, the Fieldprint result was put in the staff certs binder at the home

**Effective Date:** 9/1/22

  
Valerie Sly

9/6/22  
Date

SEP 07 2022  
10:31 AM

- **Rule (Criteria)**

11-89-3 Licensure (d)(2)

**Corrective Action Future Plan Part 2:**

To prevent recurrence, the Resident Manager will maintain all required staff certifications in the staff certifications binder at the home. The certifications in the binder will be cross-referenced against the staff certifications report generated monthly to the Resident Manager by the agency HR consulting firm that tracks staff certifications.

To monitor this corrective action, the Program Director will review the staff certifications binder during monthly visits to the home for two months.

**Effective Date:** 9/1/22

  
\_\_\_\_\_  
Valerie Sly

9/6/22  
\_\_\_\_\_  
Date

STATE OF OHIO  
DEPARTMENT OF  
PUBLIC SAFETY  
DIVISION OF  
REGISTRATION

22 SEP -8 AM 31



- **Rule (Criteria)**

11-89-14 Resident health and safety standards. (e)(2)

Medications:

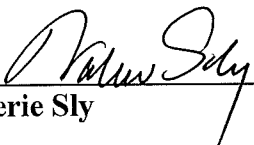
**Corrective Action Future Plan Part 2:**

In review of this issue, the Resident Manager unlocked the medication/binder cabinet for the specific purpose of having access to the items during inspection and left it open knowing she would be in and out of the cabinet and was nearby.

To prevent recurrence, the Resident Manager was retrained by the Program Director to ensure the medication/binder cabinet always remains locked immediately following use.

To monitor, the Program Director will do random inspections at various times over the next two months to ensure the medication/binder cabinet is locked when applicable.

**Effective Date:** 9/1/22

  
\_\_\_\_\_  
Valerie Sly  
9/6/22  
Date

STATE OF ALABAMA  
DONOR  
STATE OF ALABAMA  
22 SEP -8 AM 31

- **Rule (Criteria)**


11-89-14 Resident health and safety standards, (e)(3)(A)

Medications:

**Corrective Action Part 1:**

In review of this issue, the internal and external medications were separated, but not in completely different bins. To correct this issue, new medication bins were purchased. External and internal medications are now stored in separate bins.

**Effective Date:** 9/1/22

  
\_\_\_\_\_  
Valerie Sly

9/6/22  
Date

STATE OF ALABAMA  
DEPT. OF  
STATE RECORDS

22 SEP -8 AM 1:31

- **Rule (Criteria)**

11-89-14 Resident health and safety standards. (e)(3)(A)


Medications:


**Corrective Action Future Plan Part 2:**

To prevent recurrence, the Resident Manager was retrained by the Program Director regarding the requirement to store external and internal medications separately.

To monitor, the agency RN will inspect the medication cabinet during the quarterly medication review for the next two quarters to ensure the correct procedure for storing external and internal medications.

**Effective Date:** 9/1/22

  
\_\_\_\_\_  
Valerie Sly

  
\_\_\_\_\_  
Date

STATE OF WASH  
Nurse  
STATE LICENSE

22 SEP -8 AM 31

- **Rule (Criteria)**

11-89-14 Resident health and safety standards. (e)(5)

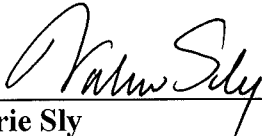
Medications:

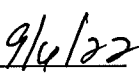
**Corrective Action Future Plan Part 2:**

To prevent recurrence, the Resident Manager was retrained by the Program Director on the requirement to ensure the physician's order states the needed use of the PRN medication. When a physician's order is received, if it does not state the intended use, the Resident Manager will ask for this important information to be included on the order.

To monitor, the physician's orders will be reviewed during the quarterly medication review by the agency RN with focus on PRN intended use information.

**Effective Date:** 9/1/22

  
Valerie Sly

  
Date

STATE OF MICHIGAN  
DEPT. OF HEALTH  
DIVISION OF LICENSING

22 SEP -8 AM 31

- **Rule (Criteria)**

11-89-14 Resident health and safety standards, (e)(5)


Medications:

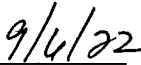
**Corrective Action Future Plan Part 2:**

To prevent recurrence, the Resident Manager was retrained by the Program Director on the requirement to ensure that medication self-administered by a resident must accompany a physician's order. If not, the resident must be supervised when medication is administered. Since Resident #1 can self-administer this medication, the Resident Manager will obtain the order from the resident's physician and in the interim, Resident #1 will be supervised.

To monitor, the agency RN will review the physician's orders for Resident #1 to ensure the specific instruction for self-administration is included in the order during the quarterly med review for the next two quarters.

**Effective Date:** 9/1/22

  
Valerie Sly

  
Date

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
DIVISION OF COMMUNITY CARE  
SEP - 8 - 22

- **Rule (Criteria)**

11-89-14 Resident health and safety standards, (e)(12)

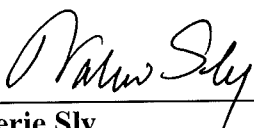
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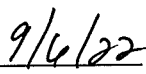
**Corrective Action Part 1:**

In review of this issue, the medication record was corrected with a line drawn through the 10mg and changed to 5mg with initials. However, the correction was not formally typed out and changed.

To correct this issue, a new medication record was printed with the correct information for Resident #1.

**Effective Date:** 8/30/22

  
Valerie Sly

  
Date

STATE OF MARYLAND  
DEPARTMENT OF HEALTH  
STATE LICENSING  
22 SEP -8 AM 31

- **Rule (Criteria)**

11-89-14 Resident health and safety standards. (e)(12)

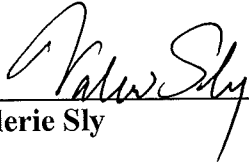
Medications:

**Corrective Action Future Plan Part 2:**

To prevent recurrence, the Resident Manager was retrained by the Program Director on the requirement to ensure corrections are clearly documented on the medication record and coincide with the physician's orders. This will ensure the five rights of medication administration is followed to ensure the health and safety of the resident.

To monitor, the agency RN will cross-reference the medication record and the physician's orders to ensure they coincide during the quarterly med review for the next two quarters.

**Effective Date:** 9/1/22

  
Valerie Sly

  
Date

STATE OF MARYLAND  
DEPARTMENT OF HEALTH  
DIVISION OF LICENSING

22 SEP -8 M1:31

- **Rule (Criteria)**

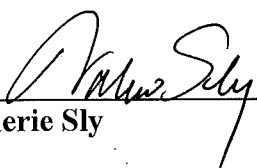
11-89-14 Resident health and safety standards. (e)(12)

Medications:

**Corrective Action Part 1:**

To correct this issue for Resident #1, the Diazepam 5mg order was changed on the medication record to reflect the correct dosing instructions of 1 tab every 4 hours as needed for anxiety to coincide with the physician's order.

**Effective Date:** 8/30/22

  
\_\_\_\_\_  
Valerie Sly  
9/6/22  
Date

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF HEALTH SERVICES  
DIVISION OF NURSING

22 SEP -8 11:32



- **Rule (Criteria)**

11-89-14 Resident health and safety standards, (e)(12)

Medications:

**Corrective Action Future Plan Part 2:**

To prevent recurrence, the Resident Manager was retrained by the Program Director regarding the requirement to ensure the medication record coincides with the physician's orders and the five rights of medication administration is followed to ensure the health and safety of the resident.

To monitor, the agency RN will cross-reference the medication record and the physician's orders to ensure they coincide during the quarterly med review for the next two quarters.

**Effective Date:** 9/1/22

  
\_\_\_\_\_  
Valerie Sly

  
\_\_\_\_\_  
Date

STATE OF ALABAMA  
DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE DIVISION

22 SEP -8 AM 1:32

- **Rule (Criteria)**

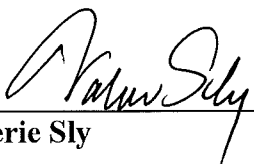
11-89-14 Resident health and safety standards. (e)(12)

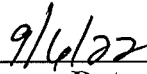
Medications:

**Corrective Action Part 1:**

To correct this issue for Resident #1, the indication for as needed use for the Saline Nasal Spray was added to the medication record and now indicates that it is being used for congestion.

**Effective Date:** 8/30/22

  
\_\_\_\_\_  
Valerie Sly

  
\_\_\_\_\_  
Date

STATE OF FLORIDA  
DEPARTMENT OF  
HUMAN SERVICES  
DIVISION OF  
COMMUNITY CARE

22 SEP -8 AM 32

- **Rule (Criteria)**

11-89-14 Resident health and safety standards. (e)(12)

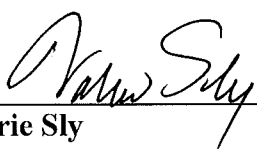
Medications:

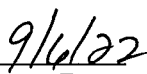
**Corrective Action Future Plan Part 2:**

To prevent recurrence, the Resident Manager was retrained by the Program Director regarding the requirement to ensure as needed use for all PRN medication is included in the physician's orders and transferred to and documented on the medication record. This will ensure this important information is included for proper medication administration to ensure the health and safety of the resident.

To monitor, the agency RN will cross-reference the medication record and the physician's orders to ensure they coincide during the quarterly med review for the next two quarters. Specific focus will be on PRN medication and its indicated use.

**Effective Date:** 9/1/22

  
Valerie Sly

  
Date

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH SERVICES  
STANDARDIZATION  
22 SEP -8 AM 32

- **Rule (Criteria)**

11-89-14 Resident health and safety standards, (e)(12)

Medications:

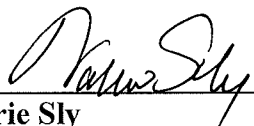
**Corrective Action Future Plan Part 2:**

In review of this issue, there was a transition happening with the medication record and the Resident Manager during the time in question. The Resident Manager had resigned toward the end of June, and the previous Resident Manager, still employed with the agency as a Certified Caregiver, took over in the interim until another Resident Manager was hired at the end of July. The medication record previously generated by the pharmacy, was now being generated by the Resident Manager beginning July 1<sup>st</sup>. During this transition process, the Loperamide 2mg ordered on 6/29/22 for Resident #1, was not documented on the June medication record, but was included on the July medication record. The PRN medication was not needed or administered on 6/29 or 6/30 for Resident #1.

To prevent recurrence, the Resident Manager and the interim Resident Manager were retrained by the Program Director on the requirement to document all medications ordered onto the medication record immediately, so the five rights of medication administration is followed to ensure the health and safety of the resident.

To monitor, the agency RN will cross-reference the medication record and the physician's orders to ensure they coincide during the quarterly med review for the next two quarters.

**Effective Date:** 9/1/22

  
Valerie Sly \_\_\_\_\_ 9/4/22  
Date

STATE OF MICHIGAN  
DEPARTMENT OF  
COMMUNITY  
STATE OF MICHIGAN

22 SEP -8 AM 1:32

- **Rule (Criteria)**

11-89-19 Nutrition. (a)

Medications:

**Corrective Action Future Plan Part 2:**

In review of this issue, Resident #1 had a particular request for breakfast items on the morning in question that were not on the menu. The new Resident Manager had recently been trained on the Final Rule requirements for client choice and followed through on the request. However, this information was not documented, and the food items were not included in the substitution list.

To prevent recurrence, the Resident Manager is scheduled to meet with the agency dietician 9/8/22, to revise the residential menu. The Resident Manager will discuss resident preferences and how they can be incorporated into the menu or substitution list and at the same time, meet the nutritional needs of the residents. The Resident Manager was retrained by the Program Director regarding the requirement to document food items consumed by the residents and to ensure requested preferences meet their nutritional needs. The Resident Manager will train the residential staff. In the interim, the current menu will be followed, and substitutions documented.

To monitor, the Resident Manager will document staff's correct implementation of the menu twice weekly for two months and get feedback from the staff and residents regarding any changes that may need to be communicated to the dietician. Monitoring documentation will be submitted to the Program Director. In addition, the Program Director will perform random visits over the next two months to assess if the menu protocol is being followed and document findings.

**Effective Date:** 9/6/22

  
Valerie Sly \_\_\_\_\_ 9/6/22  
Date

STATE OF TEXAS  
DEPARTMENT OF  
HEALTH SERVICES

22 SEP -8 AM 32