STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	12G038	A. BUILDING _____ B. WING _____	05/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARC OF MAUI - HALE KANALOA	450-B KANALOA AVENUE KAHULUI, HI 96732

(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 recertification survey was conducted by the Office of Health Care Assurance from May 19, 2021 to May 21, 2021. A facility reported incident (ACTS #8826) was also investigated and substantiated. The facility was not in compliance with 42 CFR 483 Subpart I. Survey Census: 5	W 000		
W 127	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(5) The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment. This STANDARD is not met as evidenced by: Based on review of facility reported incident, staff interview, observations, and review of records, the facility failed to ensure that Client (C) 1 was not subjected to physical abuse. Findings Include: On 05/19/21 at 08:30 AM a review of the facility reported incident revealed the following: 04/27/21 - staff witnessed physical abuse (staff to client, C1) while working at the facility several months ago. Staff did not report this because they were newer staff and afraid that the alleged perpetrator would be angry. However, staff could no longer live with this information and reported it to the Resident Manager (Mgr). During an interview with the Program Director	W 127		6/15/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 06/15/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 127	Continued From page 1 (Dir) on 05/19/21 at 09:30 AM, Dir acknowledged the abuse incident but stated that the facility had completed a full investigation and that measures had been taken, and were in place, to protect their clients and prevent this from happening again. Observations of all clients in the facility were made between 05/19/21 at 10:00 AM to 05/21/21 at 11:00 AM which did not reveal any abuse or punishment. On 05/21/21 at 11:00 AM, a review of the facility's full investigation conclusion showed the following measures taken: C1's guardian was notified of the incident, Adult Protective Services (APS) was made, safety measures against staff were taken, staff retraining regarding mandated reporting was done.	W 127		