

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HI02ADHC004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/28/2021
NAME OF PROVIDER OR SUPPLIER ARCADIA ADULT DAY CARE AND DAY HEALTH CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 1660 SOUTH BERETANIA STREET HONOLULU, HI 96826		
(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) COMPLETE DATE
6 000	INITIAL COMMENTS A relicensing survey was conducted by the Office of Health Care Assurance State Agency (SA) on July 28, 2021. There were 54 clients during the survey.	6 000		
6 126	11-96-21(a) INFECTION CONTROL There shall be appropriate policies and procedures written and implemented for the prevention and control of infectious diseases and management and disposal of infectious waste. This Statute is not met as evidenced by: Findings include: On 7/28/2021 at 0910 am, certified nurse aide (CNA) #1 was observed passing meal trays, then a client stopped her and started talking to the client and touched her on the shoulder and, without changing her gloves, she held the client's spoon and started stirring the client's tea. A few minutes later, using the same gloves, she proceeded to wipe the next table while touching some of the clients' shoulders. Then, she moved to the second table on the left-hand side of the room and started wiping the table, during this time a client had a used wipe in her hand and CNA#1 asked her for the used wipe so she can discard it. CNA#1 discarded the used wipe, without taking her gloves off and sanitizing her hands, she continued to wipe the table. Surveyor asked what their protocol in hand sanitizing is. She immediately responded, "My bad, I should have changed my gloves and hand sanitized." On 7/28/2021 at 0920 am, an interview was conducted with the Licensed Practical Nurse and the facility's Chief Operating Officer (COO) and they both acknowledged that CNA #1 should have	6 126		

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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6 126	Continued From page 1 changed her gloves, hand sanitized/washed her hands before continuing to wipe the rest of the tables.	6 126		
6 229	11-96-30(h)(4) PHYSICAL PLANT CONSTRUCTION REQUIREMENT An adequate supply of hot and cold potable running water must be provided at all times. Temperatures of hot water at plumbing fixture used by clients shall be automatically regulated and shall be maintained at a level between 100 to 110 F; This Statute is not met as evidenced by: Findings include: The facility has a standing waiver for §11-96-30(h)(4) PHYSICAL PLANT CONSTRUCTION REQUIREMENT to allow the facility to maintain the sink spigots with cold water, 73.8 degrees. During the survey on 7/28/2021 the condition remains the same. An interview with the COO on 7/28/2021 at approximately 09:00 A.M. she mentioned that the facility will continue to send the SA a waiver request.	6 229		