

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/11/2022
NAME OF PROVIDER OR SUPPLIER OPPORTUNITIES AND RESOURCES, INC (HOUSE 3-A		STREET ADDRESS, CITY, STATE, ZIP CODE 64-1510 KAMEHAMEHA HIGHWAY WAHIAWA, HI 96786		
(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
9 000	INITIAL COMMENTS A state licensure survey was conducted by the Office of Healthcare Assurance 07/11/22. The facility was found not to be in substantial compliance with the requirement at Hawaii administrative rules, Title 11 Department of Health Chapter 99 Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). Census: 4 clients Sampled: 4 clients	9 000		
9 146	11-99-14(e) HOUSEKEEPING All floors, walls, ceilings, windows, furnishings, and fixtures shall be kept clean and in good repair. This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to promote a sanitary environment in house 3A with four residents sampled. Findings include: On 07/07/22 at 0530 AM, the house 3A was filled with flying insects that were swarming in the house. The insects were attracted to the fluorescent light above. The insects were on all surfaces including the floors, tables, in the air, on the guests. Observation of Resident (R)3 who grabbed several of the insects and killed it with her bare hands. She then turned to surveyor and house manager and stated, "I killed it". On 07/07/22 at 09:00 AM, interview with Program Coordinator who provided the information regarding a pest control service; however, no invoice was provided. Surveyor told the PC that	9 146		7/15/22

Office of Health Care Assurance

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

TITLE

(X6) DATE

08/17/22

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9 146	Continued From page 1 there were hundreds of insects flying in the living area and that the environment was unsanitary. Based on observation, interview and record review, the facility failed to promote a sanitary environment in house 3A with four residents sampled. Findings include: On 07/07/22 at 0530 AM, the house 3A was filled with flying insects that were swarming in the house. The insects were attracted to the fluorescent light above. The insects were on all surfaces including the floors, tables, in the air, on the guests. Observation of Resident (R)3 who grabbed several of the insects and killed it with her bare hands. She then turned to surveyor and house manager and stated, "I killed it". On 07/07/22 at 09:00 AM, interview with Program Coordinator who provided the information regarding a pest control service; however, no invoice was provided. Surveyor told the PC that there were hundreds of insects flying in the living area and that the environment was unsanitary.	9 146		
9 174	11-99-20(b)(2) NURSING SERVICES In facilities with residents certified by a physician as not needing nursing services, arrangements shall be made with a qualified outside resource to	9 174		7/15/22

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9 174	Continued From page 2 provide at least the following: Consultation and staff training with regard to the maintenance of the health and hygiene of each resident. This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure appropriate preventive measures regarding disease control and transmission. Findings include: Observation was done during medication administration in the residential home on July 7, 2022 at 06:10 AM. Resident (R)2 required a blood sugar test. The resident manager (RM) stated that R2's testing machine had not been working for a while. RM then took R3's blood sugar testing machine and tested R2. When surveyor asked about cleaning, RM stated that they did not know how to clean and the blood sugar testing machine and placed the machines back to their owners medication box. RM stated that the machine has not been working for a long time. RM further stated that the blood sugar testing machine needed to be taken to the main office. An interview with the registered nurse (RN) was done on 07/07/22 at 10:40 AM. Described the event in the residential home to the RN. RN stated that she doesn't go to the residential home. RN stated that she is part-time and will be moving to full-time status soon and intended to do medication training with the staff.	9 174		
9 175	11-99-20(c)(1) NURSING SERVICES	9 175		7/15/22

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9 175	<p>Continued From page 3</p> <p>In facilities with residents requiring nursing services, the following additional care shall be provided:</p> <p>Administration and recording of all medications and other orders prescribed by the physician.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure drug administration was administered in compliance with the physician's order.</p> <p>Findings include:</p> <p>Concurrent interview and observation during medication administration on 07/7/22 at 06:30 AM was done. Resident Manager (RM) prepared medications for resident (R)1. Doctors order read Iron sulfate 325 milligram (mg) tablet. Take one tablet by mouth every day, two hours after breakfast. Observation was noted that the resident was given the iron sulfate 30 minutes before breakfast.</p> <p>Queried with RM regarding physician orders that state to give medication two hours after breakfast. RM did not reply. Queried regarding if they have a nurse that goes over medications with them. RM stated that they don't have a nurse.</p> <p>Interview with Registered nurse (RN) on 07/07/22 who stated that she is part-time but will be picking up more hours. She has not been to the residential homes. The previous RN left about three months ago.</p>	9 175		