

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/01/2022
NAME OF PROVIDER OR SUPPLIER OPPORTUNITIES AND RESOURCES, INC (HOUSE 1-B		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 re-licensing survey was conducted by the Office of healthcare assurance (OHCA) on 09/01/22. The facility was found not to be in substantial compliance with program requirements at Hawaii Administrative rules Chapter 11, Chapter 99.	9 000		
9 091	11-99-9(d)(2)(A) DIETETIC SERVICES All food shall be procured, stored, prepared, distributed, and served under sanitary conditions. This Statute is not met as evidenced by: Based on observation and interview the facility failed to ensure food that was past the expired or use-by-date was discarded. Findings Include: On 08/30/22 at 02:39 PM during an observation in the kitchen, a container of parmesan cheese with a used by date of March 26, 2022 and a can of mini ravioli with a used by date of August 13, 2022 were found in the refrigerator and the cabinet. At 02:41 PM interview with Reliever (R)1 was done. R1 confirmed the parmesan cheese and mini ravioli are past the use-by-date and should be discarded. On 09/01/22 at 11:31 AM requested the facility to provide the facility's policy and procedure regarding food storage. At 01:06 PM Program Coordinator (PC) stated they could not find the facility's policy and procedure.	9 091		
9 093	11-99-9(d)(2)(C) DIETETIC SERVICES	9 093		

Office of Health Care Assurance

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

TITLE

(X6) DATE

09/26/22

Hawaii Dept. of Health, Office of Health Care Assurance

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9 093	<p>Continued From page 1</p> <p>Perishable foods shall be stored at the proper temperatures to conserve nutritive values and prevent spoilage.</p> <p>This Statute is not met as evidenced by: Based on observations and interviews the facility failed to ensure stored food is at adequate temperatures and ensure food past the expired or use-by-date was discarded.</p> <p>Findings Include:</p> <p>On 08/30/22 at 02:39 PM during observation in the kitchen, the refrigerator temperature read 48 degrees Fahrenheit (F).</p> <p>At 02:41 PM interview with Reliever (R)1 was done. R1 confirmed the refrigerator temperature was high and should be below 40F.</p> <p>At 05:25 PM a second concurrent observation of the refrigerator temperature was done with R1. R1 confirmed the refrigerator temperature was at 49F. R1 stated if the refrigerator is not at proper temperature they inform the case manager to initiate maintenance.</p> <p>On 08/31/22 at 07:12 PM a third observation of the refrigerator temperature was done. Observation of the refrigerator temperature was at 49F.</p> <p>On 09/01/22 at 11:31 AM requested the facility's policy and procedure regarding food storage. At 01:06 PM Program Coordinator (PC) stated they could not find the facility's policy and procedure.</p>	9 093		
9 179	11-99-20(c)(5) NURSING SERVICES	9 179		

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9 179	<p>Continued From page 2</p> <p>In facilities with residents requiring nursing services, the following additional care shall be provided:</p> <p>Regular documentation in the resident record of all services rendered.</p> <p>This Statute is not met as evidenced by: Based on interviews and record review the facility failed to ensure a review of clients' health status was completed quarterly or more frequently.</p> <p>Findings Include:</p> <p>Review of Client (C)1 and C2's chart included documentation of the last quarterly health review from 02/2022 to 04/2022. C1's last documented nursing note was completed on 09/20/21 and C2's last documented nursing note was completed on 03/22/22.</p> <p>On 08/31/22 at 01:21 PM interview with the Part-Time Registered Nurse (RN) was done. RN confirmed she did not do a quarterly health review for 05/2022 to 07/2022.</p> <p>On 08/31/22 at 02:13 PM interview with Program Coordinator (PC) was done. PC stated the health review is to be completed quarterly.</p>	9 179		