Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The ARC in Hawaii - Halawa Address: 99-545 Halawa Heights Road, Aiea, Hawaii 96701	CHAPTER 89	
Address: 99-545 Halawa Heights Road, Aiea, Hawaii 96701	Inspection Date: May 24, 2023 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-89-13 Residents' rights. (a)(1) Written policies and procedures addressing the rights of residents during their stay in the facility shall be established and shall be made available to the resident, guardian, next of kin, responsible agency, and the public. It shall be the right of each resident admitted to the facility to: Be fully informed both orally and in writing, in the language the resident understands, prior to or at the time of admission. of their rights and of all rules governing resident conduct. There shall be documentation signed by the resident or resident's legal guardian that they have been informed of their rights and have been provided a written description of such rights: FINDINGS Resident #1 – No copy of policies and procedures (governing residents' rights as well as services to be provided by the facility) signed by The ARC of Hawaii and resident or resident's representative.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY A signed copy of the policies and procedures was obtained from the guardian. See attachment!	June 23, 2023

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§11-89-13 Residents' rights. (a)(1) Written policies and procedures addressing the rights of residents during their stay in the facility shall be established and shall be made available to the resident, guardian, next of kin, responsible agency, and the public. It shall be the right of each resident admitted to the facility to: Be fully informed both orally and in writing, in the language the resident understands, prior to or at the time of admission, of their rights and of all rules governing resident conduct. There shall be documentation signed by the resident or resident's legal guardian that they have been informed of their rights and have been provided a written description of such rights; FINDINGS Resident #1 — No copy of policies and procedures (governing residents' rights as well as services to be provided by the facility) signed by The ARC of Hawaii and resident or resident's representative.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The Director of Operations is responsible for reviewing the polices with the resident and or family member/guardian upon admission. A Receipt of Documents forms if sign acknowledging they receipt all the necessary documents including the rights. The document is then placed in the resident's home file and kept there. Copies are given to the resident and family member/Guardian upon request. Annually, the Director of Operations reviews the resident's file at least annually to ensure the document is filed appropriately. See attachment 2.	June 23, 2023

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-89-14 Resident health and safety standards. (e)(5) Medications: 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. FINDINGS Resident #1 - On 6/12/22. Physician ordered, "Pseudoephedrine 30mg oral cap Q 6 hours". On the medication administration record (MAR) for the month of 6/2022, on 6/21 and 6/22 the AM and noon doses are not initialed.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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§11-89-14 Resident health and safety standards. (e)(5) Medications: 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. FINDINGS Resident #1 - On 6/12/22, Physician ordered, "Pseudoephedrine 30mg oral cap Q 6 hours". On the medication administration record (MAR) for the month of 6/2022, on 6/21 and 6/22 the AM and noon doses are not initialed.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? In-service training was conducted with the home manager on 6/15/23 regarding proper documentation of medications. See attachment 3. A review of the 30-minute medication check was included in the training. To prevent this deficiency from occurring in the future the 30-minute check protocol will be added to the electronic medication administration record of the data management system. The 30-minute check protocol and the training will be completed by July 1, 2023.	July 1, 2023

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-89-14 Resident health and safety standards. (e)(6) Medications: All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.	PART 1	
FINDINGS Resident #1 — Not all medications are being renewed every three months. for example: • Albuterol was renewed on 4/15/22, 6/12/22, 8/18/22 and not again during this inspection period. • Aripiprazole 20mg was renewed on 4/15/22, 8/18, 11/18/22, and not again for 6 months on 4/28/23. • Aspirin was renewed on 4/15/22, 8/18/22, and not again during this inspection period. • Ergocalciferol, Fluticasone, Levothyroxine, and Monelukast was renewed 4/15/22, 8/18/22, and not again during this inspection period.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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§11-89-14 Resident health and safety standards. (e)(6) Medications: All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first. FINDINGS Resident #1 — Not all medications are being renewed every three months, for example: • Albuterol was renewed on 4/15/22, 6/12/22, 8/18/22 and not again during this inspection period. • Aripiprazole 20mg was renewed on 4/15/22, 8/18, 11/18/22, and not again for 6 months on 4/28/23. • Aspirin was renewed on 4/15/22, 8/18/22, and not again during this inspection period. • Ergocalciferol, Fluticasone, Levothyroxine, and Monelukast was renewed 4/15/22, 8/18/22, and not again during this inspection period.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The home manager will coordinate with the guardian for appointments to either attend the appointments or take the resident to the appointments. The importance of meeting review criteria has been discussed with the guardian and a tickler reminder has been offered. The home manager has spoken to the physician office staff regarding the criteria for timely documentation. The office manager and the nurse were agreeable to having her stop into the office to make an appointment for a review instead of going through the long wait by phone to secure an appointment. She may also stop by the office at a later date to secure the paperwork if the doctor does not complete the needed documentation prior to completing the appointment. Reminder tickler given to home manager. See attachment 4	June 23, 23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
Q	\$11-89-14 Resident health and safety standards. (e)(12) Medications: 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. FINDINGS Resident #1 — • On 8/18/22, Physician's order reads, "CPAP — check that it is applied appropriately nighty, however, this is not on the medication administration record (MAR). • On 4/5/22, Physician's order reads, "Pravastatin 20mg oral tab. 1-tab QHS". Order is renewed on 8/18/22. On 8/25/22, Physician increased dose to 40mg QD", however, for November, December, and January 2022 MAR has the old order, "20mg". • Regarding above medication, Pravastatin, on 12/20/22, Physician discontinued medication, however, MAR was initialed as given until 1/12/23. • For "Clotrimazole 1% top, 1 app topically BID", Physician discontinued medication on 12/15/22, however, MAR was initialed as given until the end of the month. • On 11/25/22, Physician ordered, "Augmentin 875/125mg, 1 tab PO 12hours x 7 days, however according to MAR, medication was started on 11/27/22 AM and was initialed as given twice daily, until 12/1/22 and 12/2/22 when just the AM doses were initialed as given. That being the case, resident missed two (2) doses, 12/1/22 PM, and 12/2/22 PM.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
## Medications: 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. ### On 8/18/22, Physician's order reads, "CPAP — check that it is applied appropriately nighty, however, this is not on the medication administration record (MAR). On 4/5/22, Physician's order reads, "Pravastatin 20mg oral tab. 1-tab QHS". Order is renewed on 8/18/22. On 8/25/22, Physician increased dose to 40mg QD", however, for November, December, and January 2022 MAR has the old order, "20mg". Regarding above medication, Pravastatin, on 12/20/22, Physician discontinued medication, however, MAR was initialed as given until 1/12/23. For "Clotrimazole 1% top, 1 app topically B1D", Physician discontinued medication on 12/15/22, however, MAR was initialed as given until the end of the month. On 11/25/22, Physician ordered, "Augmentin 875/125mg, 1 tab PO 12hours x 7 days, however according to MAR, medication was started on 11/27/22 AM and was initialed as given twice daily, until 12/1/22 and 12/2/22 when just the AM doses were initialed as given. That being the case, resident missed two (2) doses, 12/1/22 PM, and 12/2/22 PM.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? • CPAP was added to the treatment portion of the medication administration record. In the future any resident that is prescribed CPAP will have it added to the medication list. Nursing manger will provide over site during her quarterly review. See attachment 5 • Electronic data management system (Therap) record included the correct documentation for the medication however, the written medication administration record that was reviewed was not properly updated. Paper MAR was discarded with instructions to only document in the data management system • Home manager received in service training regarding documentation of orders including the date of the receipt of those changes. New orders will be started when they are received. The home manager has been in open communication with the guardian regarding timely documentation. The home manager and the nurse will continue to foster good communication with the guardian so that the resident can receive the maximum benefit of care and medication. • Home manager received in service training regarding documentation of orders including the date of the receipt of those changes. • The home manager received in service training on 6/15/23 regarding proper documentation of medication. A review of the 30 minute check procedure was included in the training. The 30 minute check protocol will be added to all the electronic medications administration records and an in service for it's use will be completed by July 1, 2023	July 1, 2023

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-89-18 Records and reports. (b)(1) During residence, records shall be maintained by the caregiver and shall include the following information: Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
 FINDINGS Resident #1 – No current annual physical exam.	The home manager was not able to obtain an appointment with the resident's primary physician to correct the order until June 29, 2023	June 2, 2023

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	§11-89-18 Records and reports. (b)(1) During residence, records shall be maintained by the caregiver and shall include the following information: Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT	
	tuberculosis; FINDINGS Resident #1 — No current annual physical exam.	The home manager will coordinate with the guardian for appointments to either attend the appointment or to take the resident to the appointment. The importance of meeting review criteria has been discussed with the guardian and a tickler reminder has been provided. The home manager will utilizer the tickler to document the dates of the resident's annual requirements. See attachment 6	June 2, 2023

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-89-18 Records and reports. (e)(5) General rules regarding records: All records shall be complete and current and readily available for review by the department or any responsible placement agency. FINDINGS Resident #1 — Emergency information is outdated and incomplete.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY The Emergency information has been updated and completed. See attachment 6	June 2, 2023

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-89-18 Records and reports. (e)(5) General rules regarding records: All records shall be complete and current and readily available for review by the department or any responsible placement agency. FINDINGS Resident #1 — Emergency information is outdated and incomplete.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The emergency information is updated and completed by the Service Supervisor who is assigned to the home. The Director of Operations has trained the new Service Supervisor to input all necessary information in the data management system (Therap) we utilize to store resident information, including emergency information. The Home Manager will provide the Service Supervisor with any updates as they happen. The Service Supervisor will then make the changes and update the resident's information in Therap.	June 23, 2022

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-89-19 Nutrition. (c) Foods shall be selected and prepared to meet the food desires and habits of residents as much as possible, provided nutritional quality is maintained. One week's menu shall be posted. There shall be a minimum of food supplies for three days, which will be adequate for the number of people to be served. FINDINGS Resident #1 — On 12/15/22, Physician ordered, "ADA Diet", however, menu for this Resident is called moderate calorie, consistent carb diet.	PLAN OF CORRECTION PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY ADA diet is not recognized as an actual diet but rather healthy food recommendations for persons with diabetes. The home manager was not able to obtain an appointment with the resident's primary physician to correct the order until June 29, 2023	-

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§11-89-19 Nutrition. (c) Foods shall be selected and prepared to meet the food desires and habits of residents as much as possible, provided nutritional quality is maintained. One week's menu shall be posted. There shall be a minimum of food supplies for three days, which will be adequate for the number of people to be served. FINDINGS Resident #1 - On 12/15/22, Physician ordered, "ADA Diet", however, menu for this Resident is called moderate calorie, consistent carb diet.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? If there is a change in diet, the staff will verify/clarify the diet recommendations with the physician. The menu that has been created for the Arc by Judy Thompson RD also includes a dietary equivalent list that may be shared with the physician so that the dietary order correlates to the menu. The home manager was also re-trained to identify the appropriate diet orders by utilizing the diet order equivalents that is in the menu book provided. See attachment 8	June 2, 2023

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-89-19 Nutrition. (o) Special diet orders shall be updated every three months by a physician. Verbal orders for special diets shall be recorded on the physician order sheet by the caregiver receiving the verbal orders and written confirmation by the attending physician shall be obtained at the next office visit.	PART 1	
FINDINGS Resident #1 — Diet order is not being renewed every three months.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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§11-89-19 Nutrition. (o) Special diet orders shall be updated every three months by a physician. Verbal orders for special diets shall be recorded on the physician order sheet by the caregiver receiving the verbal orders and written confirmation by the attending physician shall be obtained at the next office visit. FINDINGS Resident #1 – Diet order is not being renewed every three months.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? In the future the home manager will coordinate appointments for the dietary review with the guardian. The importance of meeting review criteria has been discussed with the guardian and a tickler reminder has been offered. The guardian however declined the offer stating she didn't need it. The home manager however will send a copy home with the resident when she visits her guardian next. For her part, the home manager has also spoken with the physician's office staff regarding the criteria for timely documentation and they were agreeable to having her stop into the office to make an appointment for a review instead of going through the long wait by phone to secure an appointment. She may also stop by the office at a later date to secure the paperwork if the doctor does not complete the needed documentation prior to completing the appointment. Should the guardian decline the home manager's offer to participate with the medical appointments and continues to return signed documents late or not at all. The Director of Operations will speak with the guardian and educate her on the importance of requested information.	June 2, 2023

Sample S	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	The conditions under which the caregiver agrees to be responsible for the residents' funds or property shall be explained and agreed to by the resident, or the guardian, and documented in the resident's file. FINDINGS Resident #1 – No signed financial statement describing the conditions under which care giver agrees to be responsible	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY The financial statement was given to the guardian to sign.	

RULES (CRIT	TERIA)	PLAN OF CORRECTION	Completion Date
\$11-89-20 Resident accounts. (a) The conditions under which the car responsible for the residents' funds explained and agreed to by the resident under the resident's file. FINDINGS Resident #1 — No signed financial conditions under which care giver for resident's funds or personal pro	or property shall be dent, or the guardian, and statement describing the agrees to be responsible	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The financial statement will be signed upon admission and as needed thereafter. The statement will be included within the Receipt of Documents form. The Director of Operations will be responsible for ensuring the document is filed in the resident's file in the home. Should the document not be there, the Director of Operations will request another form be reviewed and signed.	June 23, 2023

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-89-20 Resident accounts. (d) A current inventory of residents' possessions shall be maintained.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u>	
FINDINGS Resident #1 – No current list of resident's possessions.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	!
	The list of possessions was completed. See attachment 10	June 2, 2023

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-89-20 Resident accounts. (d) A current inventory of residents' possessions shall be maintained. FINDINGS Resident #1 – No current list of resident's possessions.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	Upon admission and bi-annually thereafter, the Home Manager or home staff will complete an inventory of the residents' possessions. They will document their findings on the Inventory of Resident's Clothing and Valuables form. The form will be kept in the resident's home file and reviewed annually by the Director of Operations. The Home Manager was re-trained on always having the form on file.	June 2, 2023

Licensee's/Administrator's Signature:	Christine Menezes, Director of Operations
Print Name:	Christine Menezes, Dirctor of Operations
Date:	June 23, 2023