

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G028	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/01/2023
NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - WAHIAWA A		STREET ADDRESS, CITY, STATE, ZIP CODE 140-A KUAHIWI AVENUE 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 relicensure survey was conducted by the Office Of Health Care Assurance on 06/01/23. The facility was found not to meet the program requirements at Chapter 99, Intermediate Care Facilities for the Individuals with Intellectual Disabilities.	9 000		
9 005	11-99-4(a) ACTIVE TREATMENT PROGRAM A plan of treatment shall be developed and implemented for each resident in order to help the residents function at their greatest physical, intellectual, social, emotional, and vocational level. This Statute is not met as evidenced by: Based on observations, staff interviews and record review, the facility did not assure a continuous active treatment program was provided for one Client (C) of two clients in the sample. The facility missed an opportunity to provide training for C2 to pour his own drinks and put his medication in his mouth by himself. As a result of this deficient practice, the client was unable to benefit from learning to be independent during his mealtime and medication administration. Findings include: On 05/31/23 at 11:02 AM, observed Client (C)2 washing his hands at the sink inside the classroom with Direct Support Professional (DSP) 1 cueing him on what to do next. After C2 dried his hands with a paper towel and threw it in the trash can, DSP1 asked C2 to get his lunchbox from the fridge and bring it to the table. C2 brought his lunchbox to the table, opened it and placed three containers with food and one water	9 005		

Office of Health Care Assurance

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

TITLE

(X6) DATE

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9 005	<p>Continued From page 1</p> <p>bottle on the table. C2 then proceeded to open the food containers and started feeding himself using a spoon. After finishing his meal, C2 attempted to open the water bottle but was not able to. C2 handed the water bottle to DSP1. DSP1 then opened the water bottle and poured water into C2's cup. C2 drank all the water and DSP1 filled his cup again. C2 continued to feed himself the chopped fruits and cake, then drank the water in his cup. After he finished the water, DSP1 poured the rest of the water left in the water bottle and C2 finished drinking all the water. Asked DSP1 if C2 was able to pour his own drink in his cup. DSP1 said C2 can pour his own water but does not know when to stop and the cup would overflow.</p> <p>At 05:20 PM, observed the DSP1 administer medications to C2 at the home before dinner. DSP1 assisted C2 to pop the pills out of the blister packs into the medication cup. DSP1 then placed the pills into another medicine cup filled with apple sauce and spoon-fed the medications to C2. After receiving his medications, C2 was given his dinner plate and proceeded to the dining table. C2 then started filling his cup with juice from a pitcher that was on the table. DSP1 grabbed C2's hand that was holding the pitcher of juice. DSP1 then asked C2 to stop pouring, removed his hand from handle of the pitcher and poured the juice in his cup.</p> <p>On 06/01/23 at 06:46 AM, observed DSP3 administer medications to C2 at home after breakfast. DSP3 asked C2 to get his cup and fill it with water, opened medication cabinet and asked C2 to identify his medication container. C2 was able to point to his medication container and was smiling while pointing to himself and the medication container. DSP3 then asked C2 to</p>	9 005		

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9 005	Continued From page 2 pop the pills from the blister pack into a medication cup, put the pills in his mouth and drink his water. C2 was able to complete the tasks and opened his mouth after to show DSP3 he swallowed all the pills. Record review was done at the Diamond Head office. Individual Program Plan (IPP) dated 02/15/23 revealed that C2 is able to pour his own beverage from a pitcher. Quarterly Nursing Report dated 03/31/23 documented under "Self-Administration of Medication: ...Step 3: Instruct client to get a cup and fill with water Step 7: Tell client to take his medication cup and put his medication in his mouth ..." Interview with Intermediate Care Facility Program Manager (ICFPM) conducted on 06/01/23 at 10:30 AM. ICFPM confirmed that C2 was able to pour his own drink from a pitcher and should have been allowed to it.	9 005		
9 084	11-99-9(c)(1) DIETETIC SERVICES Modified or therapeutic diets shall be: Prescribed by the resident's physician with a record of the diet, as ordered, kept on file and renewed at least annually. This Statute is not met as evidenced by: Based on observation and record review, the facility did not assure fluids were served in a form consistent with the client's fluid consistency. Findings include: Cross Reference to W371. During medication	9 084		

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9 084	Continued From page 3 pass, Client (C)3 was observed to drink water that was not nectar thickened. The individualized program plan for self-administration of medications includes thickening water, nectar consistency. Review of the "Annual Nursing Report Period for March 2022 - March 2023" noted C3 had a swallow evaluation on 10/13/22 with the recommendation for pureed diet and nectar thick liquids. C3's diet is pureed solids, nectar thick liquids, and no concentrated sweets. The physician orders for diet includes pureed and nectar thick liquids.	9 084		
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 with staff member, the facility did not assure all food was stored to prevent serving expired food items. Finding includes: On 05/31/23 at 02:05 PM observation found an opened bag of string cheese with expiration date of 05/13/23. The Direct Support Professional (DSP)5 confirmed the string cheese had expired and disposed the cheese. DSP5 reported the night shift usually cleans out the refrigerator.	9 091		