

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/28/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G027		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/16/2023	
NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - KAIMUKI B				STREET ADDRESS, CITY, STATE, ZIP CODE 811 19TH AVENUE HONOLULU, HI 96816			
(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) COMPLETION DATE
W 000	INITIAL COMMENTS A recertification survey was conducted by the Office of Health Care Assurance on June 16, 2023. The facility was found not to be in compliance with 42 CFR 483, Subpart I.			W 000			
W 268	<p>CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)(i)</p> <p>These policies and procedures must promote the growth, development and independence of the client. This STANDARD is not met as evidenced by: Based on observations and staff interview, the facility/staff failed to promote the dignity and positive interaction with Client (C) 1 as evidenced by standing over and not being at eye level when talking to and/or assisting C1 with feeding.</p> <p>Findings include:</p> <p>During an observation on 06/14/23 at 11:10 AM, C1 was lying in bed while Direct Support Professional (DSP)2 was standing over and not at eye level when assisting with the feeding.</p> <p>During a second observation on 06/16/23 at 10:15 AM, DSP2 was again standing over and not at level when talking to C1.</p> <p>During staff interview on 06/16/23 at 10:30 AM, Nurse Manager (NM) acknowledged that standing over and not being at eye level when talking to or assisting C1 with feeding did not promote the dignity and positive interaction. NM said the facility would address the incident.</p>			W 268			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 455	<p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure staff members washed their hands before and after disposable glove use while providing services to clients. This deficient practice places the clients residing in the home at an increased risk for illness.</p> <p>Findings include:</p> <p>During an observation at Day Program on 06/14/23 from 10:00 AM to 02:00 PM, made multiple observations of Direct Support Professional (DSP) 1 take off disposable gloves and put on a new pair of gloves after providing assistance with clients without hand washing or hand sanitizing.</p> <p>At 10:18 AM after helping Client (C) 4 with her lunch box at the refrigerator, observed DSP1 grab new gloves and put them on without hand washing or hand sanitizing then proceeded to help another client, C3, with arts and craft.</p> <p>At 10:21 AM observed DSP1 take off her gloves after helping C3 and put on new gloves without hand washing or hand sanitizing to assist C4. DSP1 was observed to touch C4's belongings including a clip board she was using.</p> <p>At 10:34 AM after providing assistance to C3, observed DSP1 take off one glove to assist C2, give C2 a yellow and red item with the ungloved hand, take off the other glove, put on a new pair</p>	W 455			

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W 455	<p>Continued From page 2</p> <p>of gloves, and then provide assistance to C4 without hand washing or hand sanitizing.</p> <p>At 01:51 PM observed DSP1 take off her gloves, put on a new pair of gloves without hand washing or hand sanitizing, then assist C3 with her wheelchair.</p> <p>Interview with Nurse Manager (NM) on 06/16/23 at 10:05 AM, NM stated staff should wash their hands before putting on disposable gloves and after taking the gloves off. NM further stated they should hand sanitizing prior to getting a new pair of gloves so they do not contaminate the gloves and to ensure hands are clean in case the gloves rip.</p>	W 455			