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Hawaii Dept.	of Health.	Office of Health	Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		12G034	B. WING		04	/13/2023	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
		91-824 E	B HANAKAHI STRE	ET			
THE ARC I	N HAWAII - EWA B	EWA BE	ACH, HI 96706				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
9 000	INITIAL COMMENTS		9 000				
	Office of Health Care 04/13/23. The facility	was conducted by the Assurance on 04/11/23 to was not in compliance with ntermediate Care Facilities.					
9 144	11-99-14(c) HOUSEK	EEPING	9 144				
	members, the facility floors, lavatories, toile	reas shall be y, at least twice a et as evidenced by: Is and interviews with staff failed to ensure that the ets, and showers in the e cleaned at least once daily					
	Findings include:						
	of clients at their hom	PM, conducted observation e. On inspection of clients' following in Bathroom (B)1:					
	shower gurney had n black mildew on the in mat which was expose - The rails of the	shower gurney had white					
	was worn and appear particles, skin) lodged - The shower cha	netting across the railings ed brittle with debris (foam l in the mesh. air had brown residue, rust, on the seat. The middle					
	section of the chair w was a potential for a c suffer skin damage by between sections.	as bowed such that there client sitting on the chair to / being caught or pinched					
	 The shower mage 	t had mildew and brown					

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Hawall Dept.	or Health,	Office of Health	Care Assurance

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		IDENTIFICATION NUMBER: A. BUILDING:		COM	E SURVEY PLETED
			DDRESS, CITY, STATE, B HANAKAHI STREI					
THE ARC	IN HAWAII - EWA B	EWA BE	ACH, HI 96706					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLET HE APPROPRIATE DATE			
	residue on the surface where the client would stand during a shower. - The floor of the bathroom had red-colored mold in a wide-spread area. Found the following in B2: - The bathtub had mildew on the floor and sides. - The mat in the bathtub had mildew and brown residue on the surface where the client							
	- The floor aroun cobwebs and dust. On 4/12/23 at 07:00 A	shower. bap and toothpaste residue. d the toilet and sink had AM, rechecked the condition t the home and found them e previous day.						
	observation and inter- stated that two clients used the shower gurn morning. When aske was disinfected betwee that it is not disinfected down, "We use soap stated that C3 used th in B1 while C4 and C4 While conducting the entered the bathroom equipment should be S5 confirmed that stat equipment between c or bleach wipes. Whe solution or bleach wip	I. Inquired of S5 how shower disinfected between clients. ff should sanitize shower lients using bleach solution on asked where the bleach						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
	12G034	B. WING		04	/13/2023
NAME OF PROVIDER OR SUPPL	ER STREE	T ADDRESS, CITY, STATE,	ZIP CODE		
	91-824	4 B HANAKAHI STREE	т		
THE ARC IN HAWAII - EWA	EWA E	BEACH, HI 96706			
PREFIX (EACH DE	IARY STATEMENT OF DEFICIENCIES FICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
Nurse Manage Center. Shared shower gurney NM confirmed equipment bet netting should was taking cor On 4/13/23 at with Facility Pr observations o at the home. P ordered a new	09:50 AM, conducted interview with r (NM) at the Pearl City Day d observations of condition of , padded mat, and shower chair. that staff should disinfect shower ween uses, the padded mat and be replaced, and that the facility	9 144	DEFICIEN		

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