

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

PRINTED: 07/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G037		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/07/2023	
NAME OF PROVIDER OR SUPPLIER THE ARC OF MAUI - MANA OLA				STREET ADDRESS, CITY, STATE, ZIP CODE 450 KANALOA AVENUE KAHULUI, HI 96732			
(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 Focus Fundamental survey was conducted by the office of Healthcare Assurance on 07/07/23. The standard was not met at §483.440 Active Treatment services. Survey dates: July 5, 2023 to July 7, 2023. Census: Five Clients.			W 000			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and staff interview, the facility did not ensure a continuous active treatment program was provided for two of the five Clients (C) in the sample. The facility did not provide the opportunity for C1 and C5 to remove their medications from the blister pack and place them in a pill cup. As a result of this deficient practice, the clients were not able to benefit from learning to be independent during medication administration. Findings Include:			W 249			

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 249	<p>Continued From page 1</p> <p>1) On 07/06/23 at 05:00 PM, Habilitation Worker (HW) 1 was in the kitchen area. HW1 unlocked a cabinet, removed a plastic container with C5's name on it, placed it on the counter and asked C5 to come to the kitchen area to take his medication. C5 was able to independently wheel himself from the dining table to the kitchen. HW1 then used a toothpick to open the back of the blister pack and put the pill in a medicine cup filled with apple sauce, used a spoon to scoop up the pill with some apple sauce and spoon-fed C5. HW1 then scooped another spoonful of the apple sauce and asked C5 if we can finish the rest. C5 took the spoon and was able to feed himself the rest of the apple sauce.</p> <p>On 07/07/23 at 10:00 AM, review of records conducted. "Medication Self-Administration Program" dated 05/24/23 revealed that C5 is partially dependent in removing medication from blister pack. The document also stated that if the client has difficulty removing the medication, the staff may slit the back of the blister pack.</p> <p>On 07/07/23 at 11:55 AM, interview conducted with Qualified Intellectual Disabilities Professional (QIDP). Queried QIDP if HW should be removing the pills from the blister pack for the clients. QIDP confirmed that the clients should be given the opportunity to try and remove their medication from the blister pack if they are able to.</p> <p>2) Surveyor reviewed the medical record for C1 on 07/06/23 at 10:00 AM. C1 has a diagnosis that includes Moderate intellectual disability, autism spectrum disorder, cleft palate and hearing impairment. throughout the survey, C1 was observed to be walking around the house from room to room, sitting to draw, putting puzzle</p>	W 249			

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W 249	<p>Continued From page 2</p> <p>pieces together, assisting with trash pick-up, etc.</p> <p>During the 07:00 AM medication observation with HW1 on 07/07/23 at 7:15AM, C1 walked into the kitchen for his medications. C1 took his glass to the water dispenser and filled it up with water. C1 reached into the medication cabinet to retrieve his medication box. HW1 went through each of the scheduled medications and was observed to pop the pill's out of the medication blister pack into a medication cup for C1 before placing the cup into the metal crushing device. The contents were mixed into a small cup of chocolate pudding. HW1 used a plastic spoon to scoop up the pudding with the medication and spoon feed into C1's mouth. Surveyor asked asked HW1 if C1 can pop out his own medications into the cup. HW1 replied that he can but sometimes he has a hard time, so I do it for him.</p> <p>Reviewed C1's Medication Self-Administration Program for Individual program plan (IPP) year 2021 to 2022 on 07/07/23 at 12:00 PM task analysis for C1 to be able to remove medication from blister pack or bottle and place in pill cup. If client has difficulty in removing the medication easily from the blister pack, staff may slit the back of the blister pack. C1 had an assessment code of "PD" which means Partially Dependent.</p> <p>During an interview with the QIDP on 07/07/23 at 1:00 PM, confirmed that the staff should encourage the clients to pop their medication out of the cup. C1 is very independent and able to do many tasks for himself with a standby assist.</p>	W 249			