

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Arc in Hawaii - Lucitana A	CHAPTER 89
Address: 1660 Lucitana Street, Honolulu, Hawaii 96813	Inspection Date: November 13, 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
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>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.</p> <p><u>FINDINGS</u> Resident #1 –</p> <ul style="list-style-type: none"> • Visited the wound clinic on 3/3/23. The visit notes read, “Clean wound gently with wound cleaner. Primary dressing: SSD cream, Secondary dressing: gauze, Change: daily left eye.” • Visited the wound clinic on 6/5/23. The visit notes read, “Location: Left eye, Cleanse with: tap water, Primary dressing: SSD cream, secondary dressing: gauze, Change: daily”. <p>Daily wound care orders are not transcribed to medication administration record (MAR) or treatment administration record (TAR).</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(5) General rules regarding records:</p> <p>All records shall be complete and current and readily available for review by the department or any responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Resident has signed the consent to be photographed, however, guardian also needs to sign the consent form.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><u>FINDINGS</u> Resident #1:</p> <ul style="list-style-type: none"> • Diet order dated 8/14/23 reads, “Moderate 1500 cal diet”. This diet is non-standard and requires clarification. Diet order needs to include the type of diet as well as any modifications. • The MAR entry for Thick IT notes, “Add proper amount to make nectar thick fluids as many times as needed”, however, the current order is for honey consistency liquids. • Physician’s order dated 2/16/23 and renewed on 5/15/23 and 8/14/23 reads, “Ensure 1-2 bottles (8 oz. each 220 calories; 16 oz is 440 calories) for meal replacement”. Supplement order need clarification on what type of Ensure (i.e. original, high protein, etc.) as well as clarify what is meant by “for meal replacement”. Is this to be given as a meal replacement if Resident doesn’t eat? Should Ensure be given routinely twice a day despite how much resident eats? 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____