

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2023
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NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - 6 B	STREET ADDRESS, CITY, STATE, ZIP CODE 852-A PAAHANA STREET HONOLULU, HI 96816
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(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	<p>INITIAL COMMENTS</p> <p>A relicensure survey was conducted by the Office of Health Care Assurance (OHCA) from July 12 to July 13, 2023. The facility was found not to be in substantial compliance with Title 11, Chapter 99, Subchapter 1. The census at the time of entrance was three clients.</p>	9 000		
9 151	<p>11-99-15(b) INFECTION CONTROL</p> <p>There shall be appropriate policies and procedures written and implemented for the prevention and control of infections and the isolation of infectious residents.</p> <p>This Statute is not met as evidenced by: Based on record review and interview, the facility failed to provide an ongoing surveillance program for the prevention, control, and investigation of infection and communicable diseases. This deficient practice increases the susceptibility to infection and communicable diseases in their vulnerable clientele, which could cause them potential harm.</p> <p>Finding includes:</p> <p>Record review of the facility's "Infection Control" policy and procedure, effective 07/29/21. It stated, " ... all incidents of infectious conditions shall be: ... Documented on an infection control report form, Monitored to evaluate the occurrence of trends and adherence to infection control policy and procedures ..." The policy and procedure also outlined the nurse's responsibilities once a client has an infection, which included but was not limited to attending quarterly infection control meetings, identifying trends, and determining if infection control practices are effective.</p>	9 151		

Office of Health Care Assurance LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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9 151	<p>Continued From page 1</p> <p>On 07/13/23 at 09:00 AM, interviewed Registered Nurse (RN)1 in the classroom located in the main office. RN1 was asked if they have a tracking and trending method for clients' infections, and she stated no.</p> <p>On 07/13/23 at 12:45 PM, interviewed Resident Coordinator (RC). RC was asked if they had an ongoing surveillance program for infection control and if quarterly infection control meetings occur and RC stated no. RC confirmed that the facility should start an active infection control program to monitor the health of their clients.</p>	9 151		