

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

PRINTED: 07/25/2023
FORM APPROVED
OMB NO. 0938-0391

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
NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - 6 B			STREET ADDRESS, CITY, STATE, ZIP CODE 852-A PAAHANA STREET 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 (OHCA) from July 12 to July 13, 2023. The facility was found not to be in substantial compliance with 42 CFR 483 Subpart I, CoP for Intermediate Care Facilities for Individuals with Intellectual Disabilities. The census at the time of entrance was three clients.	W 000			
W 455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to provide an ongoing surveillance program for the prevention, control, and investigation of infections and communicable diseases. This deficient practice increases the susceptibility to infections and communicable diseases in their vulnerable clientele, which could cause them potential harm. Finding includes: 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	W 455			

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>Continued From page 1 infection control practices are effective .</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>	W 455			