

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> The ARC in Hawaii Housing Proj. No. 8/Waipahu B	<b>CHAPTER 89</b>
<b>Address: 94-060 B Poailani Circle, Waipahu, Hawaii 96797</b>	<b>Inspection Date: August 13, 2024 Annual</b>

**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.**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-2 <u>Definitions</u>. As used in this chapter, unless a different meaning clearly appears in the context:</p> <p>"Licensed capacity" means the number of residents and specific restrictions, if any, stated on the license which limits the type of residents permitted by the director in a particular facility.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Waipahu B is licensed for fully ambulatory only. However, resident #1 who is bed ridden is observed to reside in the DDDH. Records reveal that resident has been bed bound since April 2024.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (c)            In the event of an emergency concerning a resident such as hospitalization, serious illness, serious bodily harm or injury, or imminent death or death, the caregiver shall inform the case manager, who in turn, shall promptly notify the resident's next of kin, guardian or significant others. The wishes of the resident and the parent or guardian regarding religious matters shall be considered, and the resident's wishes shall be followed as closely as possible.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence that DD Case Manager was notified of ED visit on 3/22/24.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician order dated 9/13/23, 12/14/23, 3/8/24, and 7/2/24 for “Acetaminophen 500mg tabs. 2 tabs PO every 6 hours as needed.” PRN Acetaminophen order did not include an indication or reason to use Acetaminophen. No documented evidence that clarification was obtained.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence of a current physical examination. Last PE dated 2/9/22.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	



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<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (1)  Special diets shall be provided for residents when ordered by a physician. Caregivers who have not received special diet training may not accept residents requiring special diets until trained by a qualified dietician or nutritionist.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – No documented evidence that a “no concentrated carbohydrate diet” ordered on 9/27/23, 12/28/23, 3/21/24, and 6/28/24; and “carb controlled, low fat” diet ordered on 3/13/24 annual physical was clarified with the physician to state the limits on carbohydrates and fat.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_