

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

PRINTED: 03/04/2024
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G030 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 02/23/2024 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER OPPORTUNITIES AND RESOURCES, INC (HOUSE 1-A) | | | STREET ADDRESS, CITY, STATE, ZIP CODE 64-1510 KAMEHAMEHA HIGHWAY WAHIAWA, HI 96786 | | |
| (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 focused fundamental recertification survey was conducted by the Office of Health Care Assurance on 02/21/24 - 02/23/24. The facility was found not to be in substantial compliance with the requirement at 42 CFR §440.150, Subpart I, Condition of Participation (CoP) for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). Survey Dates: 02/21/24 - 02/23/24 Survey Census: 4 Clients Sample Size: 4 Clients | W 000 | | | |
| W 130 | PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure Client (C) 1 had privacy during care of his personal needs. Findings include: On 02/21/24 at 11:05 AM, observed Adult Day Health (ADH) Teacher (T) 1 and T2 assist C1 in changing his/her briefs. C1 was completely exposed and naked from the bottom down when another participant, from the opposite sex, stood and watched the teachers change C1's brief. The teachers did not redirect the other participant or attempt to cover C1 from the participant viewing his/her private parts. | W 130 | | | |

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 130 | Continued From page 1 On 02/24/24 at 10:26 AM, during interview with Case Manager (CM) 1 and CM2 inquired if staff members should protect clients' privacy at ADH and at home when care is provided, CM1 confirmed they should, and other clients or participants should not be able to watch when another client is being changed. | W 130 | | | |
| W 210 | INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3) Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to perform a Comprehensive Functional Assessment (CFA) or reassessment for Client (C) 1. Findings include: On 02/23/24 at 09:05 AM, during concurrent interview and record review of C1's chart record with Case Manager (CM) 1, C1's CFA was not found. At 09:11 AM, CM1 confirmed the facility does not have a CFA for C1. | W 210 | | | |
| W 232 | INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)(iv) The objectives of the individual program plan must be organized to reflect a developmental progression appropriate to the individual. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure an objective in Client (C) 1's individual program plan (IPP) was | W 232 | | | |

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| W 232 | Continued From page 2 appropriate to his/her current developmental status. Findings include: On 02/21/24 at 11:45 AM, during a lunch observation at the Adult Day Health (ADH), observed Teacher (T) 2 assisting C1 with lunch. C1 had an adaptive spoon and T2 was providing hand over hand assistance, scooping the food and bringing it to C1's mouth. During the hand over hand assistance provided, C1's body and arm was stiff and shaking, T2 was struggling with the hand over hand assistance. While T2 pulled C1's arm to scoop food, C1 would pull away at the same time. T2 was holding C1's arm tight to keep the food on the spoon due to C1's shaking spasms. Review of C1's IPP and active treatment program documented C1 would increase his ability to use the adaptive spoon so he/she can eat properly starting 10/02/23. On 02/23/24 at 10:26 AM an interview with Case Manager (CM) 1 and CM2 was done. CM1 confirmed C1 is not able to hold the spoon on his/her own anymore and staff members are struggling with hand over hand assistance and is no longer an appropriate program for him/her. | W 232 | | | |
| W 331 | NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide Client (C) 1 | W 331 | | | |

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| W 331 | <p>Continued From page 3 with nursing services after developing an urinary tract infection (UTI) and signs of dehydration.</p> <p>Findings include:</p> <p>C1 is a 64-year-old with diagnoses not limited to down syndrome, moderate intellectual disability, Alzheimer, osteoarthritis, hyperlipidemia, and history of falls.</p> <p>Review of C1's chart record, a urinary analysis (UA) was done on 01/29/24 due to foul smelling urine but was requested by the laboratory to repeat the UA with a good clean catch of urine. On 02/02/24 another UA was done and on 02/03/24 was determined that C1 had an UTI. An antibiotic was prescribed by the physician for 10 days.</p> <p>Review of C1's IPP found no interventions for prevention and treatment for UTI.</p> <p>During observation on 02/21/24 from 09:18 AM to 05:22 PM, C1 was offered water only during meals, lunch and dinner. Staff members did not offer water throughout the day. C1's lips were dry, red, and flaky. The flakes on C1's lips were red around the edges of the flakes. At 04:45 PM, Caregiver (CG) was observed to wipe C1's mouth with a germicidal disposable wipe. CG stated C1's lips were very dry. No observation of putting a lip moisturizer on C1's lips.</p> <p>On 02/22/24 at 05:28 AM, CG reported C1 was sent to the emergency room overnight, at approximately 08:00 PM, due to chills and a fever.</p> <p>On 02/23/24 at 10:26 AM, interview with Case</p> | W 331 | | | |

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| W 331 | Continued From page 4 Manager (CM) 1 and CM2 was done. CM1 and CM2 confirmed C1 had a UTI and that C1's very lips were dry for several weeks now. Inquired what prevention and treatment was instructed by the physician or the facility's nurse to prevent and treat UTI. CM2 reported the facility nurse or physician did not give staff members further instructions and has not been at the facility for a while. Inquired what are some preventions to prevent UTI, CM2 stated keeping hydrated, 6-8 glasses of water, and changing for wet briefs every two hours. CM1 reported staff members were instructed to put lip balm on C1's lips. C1 confirmed interventions were not included in the IPP. At 11:39 AM, Program Coordinator (PC) reported the facility does not have a policy and procedure for prevention and treatment for UTI. | W 331 | | | |
| W 332 | NURSING SERVICES CFR(s): 483.460(c)(1) Nursing services must include participation as appropriate in the development, review, and update of an individual program plan as part of the interdisciplinary team process. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to update Client (C) 1's individual program plan (IPP) to include prevention and treatment for urinary tract infections (UTI). Findings include: Cross tag to W331. The facility failed to provide C1 with nursing services after developing an UTI. Review of C1's chart record, a urinary analysis (UA) was done on 01/29/24 due to foul smelling | W 332 | | | |

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| W 332 | Continued From page 5 urine but was requested by the laboratory to repeat the UA with a good clean catch of urine. On 02/02/24 another UA was done and on 02/03/24 was determined that C1 had an UTI. An antibiotic was prescribed by the physician for 10 days. Review of C1's IPP found no interventions for prevention and treatment for UTI. On 02/23/24 at 10:26 AM, interview with Case Manager (CM) 1 and CM2 was done. CM1 and CM2 confirmed C1 had a UTI. C1 confirmed interventions were not included in the IPP. | W 332 | | | |
| W 356 | COMPREHENSIVE DENTAL TREATMENT CFR(s): 483.460(g)(2) The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to follow physician's order to maintain Client (C) 1's dental health. Findings include: Review of C1's physician order documented dental gel 1.1 % gel brush teeth three times daily to prevent tooth decay. Review of C1's medication administration record (MAR) documented morning and evening administration, in the afternoon (12:00 PM), documentation of administration was left blank. | W 356 | | | |

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| W 356 | Continued From page 6 During observation on 12/21/24 at the adult day health (ADH) program, did not observe staff members brushing C1's before, during, or after lunch. On 02/23/24 at 10:10 AM interview with Teacher (T) 1 was done at ADH. T1 confirmed they do not brush C1's teeth during ADH. On 02/23/24 at 10:26 AM an interview with Case Manager (CM) 1 and (CM) 2 was done. CM1 and CM2 confirmed C1's physician order included brushing C1's teeth three times a day with dental gel and it was not being administered. | W 356 | | | |
| W 369 | DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to administer drugs without errors to one of the sampled clients (Client (C) 2). Findings Include: Concurrent observation and interview were conducted on 02/22/24 at 05:51 AM in the C2's home. Reliever (R) 5 was observed administering medications to C2. C2 was observed grabbing a container filled with medication bottles from a locked cabinet. C2 then placed the container on the table. R5 was then observed going through the medication bottles and pulled one bottle out. R5 went over the medication name and its purpose with C2. R5 then opens the bottle and | W 369 | | | |

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| W 369 | Continued From page 7 places one tablet into a medication cup and places the bottle on the side. R5 does this routine with a total of five medications. R5 continued to grab other medication bottles, read the names, and places it back into the plastic container. R5 continues to do this action for the next three minutes. State Agency (SA) verified with R5 that C2 had five pills in the medication cup. R5 administered the five pills to C2. Throughout the medication administration process, R5 did not refer to C2's Medication Administration Record (MAR). After medication administration, R5 was asked if she was done administering C2's morning medications. R5 stated yes. R5 was in the process of exiting the home, when SA asked her if she can verify the medications that were given to C2 before going home. SA opened C2's MAR and went over the morning medications with R5. R5 had not signed the MAR for the medications that she had administered to C2. A review of the MAR indicated that R5 failed to administer two other morning medications to C2. The medications R5 did not administer was Carbamazepine 200 mg and Chlorpromazine 100 mg (1 ½ tablets). R5 realized her error and apologized. R5 stated she was very nervous and admitted that she should have given the two medications that she failed to administer. Interview was conducted with the Program Coordinator (PC) on 02/21/23 at 10:25 AM. PC stated that staff members administering medications should always refer and confirm with the clients' MAR during medication administration. | W 369 | | | |
| W 454 | INFECTION CONTROL CFR(s): 483.470(l)(1) | W 454 | | | |

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| W 454 | <p>Continued From page 8</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to practice proper hand hygiene to prevent transmission of communicable diseases and infections.</p> <p>Findings Include:</p> <p>1) Concurrent observation and interview were conducted on 02/22/24 at 05:51 AM in the Clients' (C) home. Reliever (R) 5 was observed administering medications to C2. C2 was not prompted to perform hand hygiene prior to medication administration. When R5 was asked why C2 was not prompted to perform hand hygiene, R5 stated that C2 had already performed hand hygiene after eating breakfast. C2 had finished eating breakfast at 05:30 AM and was observed touching multiple surfaces prior to medication administration.</p> <p>Interview was conducted with the facility Case Manager (CM) 1 and CM2 in the conference room on 02/23/24 at 11:15 AM. Both CM1 and CM2 stated that clients should perform hand hygiene prior to medication administration.</p> <p>A review of the policy and procedure, "Handwashing," documented, "3. Wash hands: a. Before pouring and administering medications ..."</p> | W 454 | | | |

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| W 454 | <p>Continued From page 9</p> <p>2) On 02/21/24 at 11:45 AM, observed C1 and C3 go to the dining area for lunch. C3 immediately sat down at the table and C1 was brought to the table by Teacher (T) 2. C3 was not directed or encouraged to wash his hands prior to eating his lunch. C1 was not assisted by T2 to wash his hands prior to eating his lunch.</p> <p>On 02/23/24 at 10:26 AM an interview with CM1 and CM2 was done. CM1 and CM2 confirmed clients should perform hand hygiene prior to eating lunch for infection control.</p> <p>Review of the facility's policy and procedure. "INFECTION DISEASE RISK REDUCTION" revised 11/29/22 documented "Staff and clients will wash hands with soap and running water after toileting and before and after handling food/eating."</p> | W 454 | | | |