

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>12G028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/24/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE ARC IN HAWAII - WAHIAWA A</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>140-A KUAHIWI AVENUE WAHIAWA, HI 96786</b>
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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><b>INITIAL COMMENTS</b></p> <p>A re-licensing survey was conducted by the office of Healthcare Assurance on May 24, 2024. The facility was found not in compliance with Title 11, Department of Health Chapter 99.</p> <p>Survey dates: May 23 to May 24, 2024</p> <p>Survey Census: Three Clients.</p> <p>Survey Sample: Two Clients.</p>	9 000		
9 151	<p><b>11-99-15(b) INFECTION CONTROL</b></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 observation and interview direct support professional (DSP)10 failed to perform hand hygiene after taking off gloves, throwing them away and putting on new gloves when administering medication to Client (C)2.</p> <p>Findings Include:</p> <p>On 05/22/24 at 3:42 PM observed DSP10 do medication pass for C2. DSP10 took off gloves and then put on a new pair of gloves. After C2 completed the task inquired if she is to do anything once she takes off her gloves and throws them away and DSP10 responded "clean my hands."</p> <p>On 05/23/24 at 1:50 PM interviewed Nurse Manager (NM) and requested and given the facility's policy for hand hygiene. NM confirmed</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	Continued From page 1  staff are to perform hand hygiene after taking off and throwing away gloves.  Review of facility policy Infection Control, effective date 05/15/23, states 3.0 Procedure 5. Practice Proper Hand washing Techniques (The single most important technique for preventing the spread of infection): Wash hands: After going to the bathroom, having contact with body secretions, i.e., blood, urine, feces, mucus, saliva, or drainage from wounds, handling soiled diapers, menstrual pads, soiled clothes, or equipment, removing disposable gloves.	9 151		
9 190	11-99-22(d) PHARMACEUTICAL SERVICES  Medications shall not be used for any resident other than the one for whom they were issued. This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to administer medications as ordered by the physician for one client (C)1. The direct support professional administered medications to the client at the wrong time.  Findings include:  05/23/24 at 05:28 AM. Observation in the home with the direct support professional (DSP)5. DSP5 stated the clients had already eaten their breakfast and she passed the medications at 05:00AM before the surveyor arrived at 05:28AM. At 06:30 AM observation of the medication administration. Observed DSP5 give the 07:30 AM medications to C2 and 3. The DSP5 stated that C1 didn't have any medications at that time and that he had taken them earlier.	9 190		

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9 190	<p>Continued From page 2</p> <p>05/23/24 at 10:00AM. Electronic medical record review at the main office. During the reconciliation of the following medications for C1: Divalproex DR 250 milligram (mg) tab. Take one tablet by mouth once daily; Lamotrigine 100 mg tablet take one tablet twice daily, were signed off on the medication administration record (MAR) as given at 07:00AM by DSP5. The surveyor reported the discrepancy to the qualified intellectual disabilities professional (QIDP) that the medication that was signed off for C 1 was not observed during the medication administration observation that morning with DSP5. The surveyor requested the QIDP to call DSP5 to confirm that she gave C1 the medication at 05:00AM and not at 07:00AM.</p> <p>At approximately 11:30AM, the QIDP reported to the surveyor that she spoke with the home manager who spoke to the DSP5. DSP5 stated she gave the medications at 06:30 AM. The surveyor explained to the QIDP that no medications were observed as given to C1 during the morning home observation from 05:28 AM to 07:30 AM.</p> <p>Medication Administration Training for ICF-MR reviewed. Page three, "check the 5 rights for each medication in the following manner...page 4, Right person, right drug, right dose, right route, and right time."</p>	9 190		