

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>12G037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/26/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE ARC OF MAUI - MANA OLA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>450 KANALOA AVENUE KAHULUI, HI 96732</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 relicensing survey was conducted by the Office of Health Care Assurance. The facility was not in compliance with Title 11, Chapter 99, Subchapter 1, Small Intermediate Care Facilities for Individuals with Intellectual Disabilities.</p> <p>Survey Dates: June 24-26, 2024. Census: 5 clients Sample size: 3 clients</p>	9 000		
9 149	<p><b>11-99-14(h) HOUSEKEEPING</b></p> <p>Sufficient locked storage areas shall be provided for all cleaning materials and equipment.</p> <p>This Statute is not met as evidenced by: Based on observations, staff interview and review of policy, the facility failed to safely store two disinfectant spray cans. As a result of this deficient practice, the facility put the safety and well-being of the clients at risk.</p> <p>Findings include:</p> <p>During an observation of the bathroom storage closet on 06/24/24 at 02:00 PM, two disinfectant spray cans were on the closet shelf unsecured. The bottle were easily accessible, and no staff was in the immediate vicinity.</p> <p>On 06/24/24 at 02:05 PM, the House Manager acknowledged that the disinfectant spray cans may put the safety and well-being of the clients at risk and immediately removed the items.</p> <p>Review of facility policy on Repair and Maintenance read Policy, facility shall maintain in good repair to reflect an environment which</p>	9 149		

Office of Health Care Assurance  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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9 149	Continued From page 1  promotes the health, safety and independence off all clients. Resident shall be encouraged to participate in maintaining their personal space such as their bedrooms and assist with the common areas of the home. Residences are to be maintained in a home-like atmosphere ... Procedure, Maintenance items to be reviewed include condition of appliances, fixtures, furniture, structure, potential safety hazards and aesthetics including home décor to ensure a home-like atmosphere vs. an institutional atmosphere, emergency supplies are adequate, smoke alarms and fire sprinkler systems are in good working order, and chemicals and medications are locked ...	9 149		