

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII



KENNETH S. FINK, M.D., M.G.A., M.P.H.
DIRECTOR OF HEALTH
KA LUNA HO'ŌKELE

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
OFFICE OF HEALTH CARE ASSURANCE
601 KAMOKILA BOULEVARD, ROOM 395
KAPOLEI, HAWAII 96707

June 6, 2024

Lei Fountain
Administrator
The Arc In Hawaii
3989 Diamond Head Road
Honolulu, HI 96816-4413

RE: The Arc In Hawaii - Kaimuki B
811 19th Avenue
Honolulu, HI 96816-4413
CCN: 12G027

Dear Ms.Fountain:

Enclosed are the deficiencies cited during the May 23, 2024 licensure survey for the indicated intermediate care facility for individuals with intellectual disabilities.

All deficiencies require an acceptable plan of correction and anticipated completion dates. Please sign, date, and return the completed form to the Office of Health Care Assurance within ten (10) days following receipt of this letter.

Thank you and your staff for the cooperation and assistance during the recent survey. Please contact me at the Office of Health Care Assurance (Phone: (808) 692-7420) if you have any questions.

Sincerely,

(for) Carla Tabar
Nurse Surveyor
Office of Health Care Assurance

Enclosure: State Form

Hawaii Dept. of Health, Office of Health Care Assurance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G027 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/23/2024 |
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| NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - KAIMUKI B | STREET ADDRESS, CITY, STATE, ZIP CODE 811 19TH AVENUE HONOLULU, HI 96816 |
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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 |
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| 9 000 | INITIAL COMMENTS A re-licensure survey was conducted by the State Agency from 05/21/24 through 05/23/24. The facility was found to not be in compliance with Title 11, Chapter 99, Intermediate Care Facilities for Individuals with Intellectual Disabilities. | 9 000 | | |
| 9 051 | 11-99-7(e)(4) CONSTRUCTION REQUIREMENTS Single resident rooms shall measure at least ninety square feet of usable space, excluding closets, bathrooms, alcoves, and entryways. This Statute is not met as evidenced by: Based on interview with a staff member, the facility failed to ensure a single resident room measures at least 90 square feet of usable space. Findings include: On 05/23/24 at 01:15 PM, an interview with ICF Program Manager confirmed the facility has not renovated the clients' home. Therefore, the single client bedroom does not meet the requirement of 90 square feet of usable space. The room measures at 87.56 square feet. | 9 051 | | |
| 9 151 | 11-99-15(b) INFECTION CONTROL There shall be appropriate policies and procedures written and implemented for the prevention and control of infections and the isolation of infectious residents. This Statute is not met as evidenced by: Based on observations and interviews, the facility | 9 151 | | |

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

Hawaii Dept. of Health, Office of Health Care Assurance

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| 9 151 | <p>Continued From page 1</p> <p>failed to ensure infection prevention was implemented for one of three clients (C1) sampled. Two observations were made in which C1's catheter bag/tubing was in contact with the ground.</p> <p>Findings include:</p> <p>On 05/21/24 at 05:50 PM, conducted an observation of dinner at the home. This surveyor observed C1's privacy catheter bag and tubing (located under C1's wheelchair) was in direct contact with the floor.</p> <p>On 05/22/24 at approximately 08:00 AM, observed HM1 and HS2 providing care for C1. While providing care for C1, the clients catheter bag was in direct contact with the ground.</p> <p>On 05/23/24 at 01:05 PM, during an interview with NM, it was confirmed that the foley bag and tubing should not be in direct contact with the ground for safety and infection control practices</p> | 9 151 | | |
| 9 279 | <p>11-99-29(a)(10) RESIDENT'S RIGHTS</p> <p>Written policies regarding the rights and responsibilities of residents during their stay in the facility shall be established and shall be made available to the resident, to any guardian, next of kin, sponsoring agency or representative payee, and to the public. The facility's policies and procedures shall provide that each individual admitted to the facility shall:</p> <p>Be treated with consideration, respect</p> | 9 279 | | |

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| 9 279 | <p>Continued From page 2</p> <p>and full recognition of their dignity and individuality, including privacy in treatment and in care.</p> <p>This Statute is not met as evidenced by: Based on observation and interviews, the facility failed to ensure clients right to be treated with respect and dignity. Staff did not model appropriate mealtime behavior and conversation by sitting at the table with clients during dinner.</p> <p>Findings include:</p> <p>On 05/21/24 at 05:50 PM, conducted an observation of dinner at the home. During dinner, HM1, HS3, and HS2 was observed standing over clients and not engaging in family-focused conversations with the clients.</p> <p>During an interview on 05/22 at 12:05 PM, HM1 confirmed staff should have been seated at the dinner table on 05/21/24 but was not.</p> | 9 279 | | |
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