Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The ARC of Maui - Hale Lahaina	CHAPTER 89
Address: 5220 Kohi Street, Napili, Hawaii 33761	Inspection Date: August 2, 2024 Annual

THIS PAGE MUST BE SUBMITTELY 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.

 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-89-14 Resident health and safety standards. (e)(5) Medications: 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. FINDINGS Resident #1 — Physician order for "Benzoyl Posside 5% gel, apply to affected area daily at bedtime." Involver, the following dates did not have documentation that medication was being made available to resident, held from resident, or refused by resident: 11/26/24 — 11/30/24 Entire month of February 2024 Entire month of March 2024 4/12/24 — 4/30/24 Entire month of May 2024 Entire month of June 2024	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	Date

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§11-89-14 Resident health and safety standar (e)(5) Medications: All medications and supplements, such as vitam ins, minerals, and formulas shall be made available of written physician order and shall be based upon curre evaluation of the resident's condition. FINDINGS Resident #1 - Physician order for "Benzoyl Peroxide 5% gel, apply to affected area daily at bedtime." However, the following dates did not have documentation that medication was being made available to resident, held from resident, or refused by resident: 11/26/24 - 11/30/24 Entire month of February 2024 Entire month of March 2024 4/12/24 - 4/30/24 Entire month of May 2024 Entire month of June 2024	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? See attached	8/9/24

Hale Lahaina Plan of Correction

11-89-14 Resident health and safety standards (e)(5)

In review of this issue, the Resident Manager stated that the Benzoyl Peroxide was irritating the resident's skin, so she was using it sporadically. She attempted multiple times to have his physician change the order to PRN but was unsuccessful since this physician in Lahaina is very challenging to get things accomplished with in a timely manner. She had to get the patient advocate from Maui Medical Group involved in the situation. Regardless, when the medication was not administered, she failed to document this information.

To correct this issue, the medication was changed to a routine face wash that is non-irritating. The agency nurse retrained the Resident Manager on correct medication record documentation procedures.

To ensure other residents' medication administration was being documented properly, the agency nurse and the Resident Manager reviewed the medication records for all residents and no other issues were identified.

To prevent recurrence, the resider manager will include a thorough review of the MAR, along with other items on her weekly checklist, to ensure proper documentation on the MAR by all residential staff.

To monitor, the agency nurse will do a monthly medication review with the Resident Manager for the next 3 months to ensure proper medication administration, including proper documentation on the medication record. This review will be documented and submitted to the Program Director.

11-89-18 Records and reports (b)(2)

To correct this issue, the Resident Manager was retrained by the Program Director on the requirement for documenting the Caregiver Notes.

To ensure other residents weren' affected, Caregiver Notes for the other residents were reviewed and it was identified that their Caregiver Notes were also lacking all the required information.

To prevent recurrence, the department provided new "Progress Notes" forms that give specific instructions on what information needs to be included in the Caregiver Notes. This information will be very helpful to ensure proper implementation. The Resident Manager trained the staff on this new information.

To monitor, the Program Director will review the Caregiver Notes for each resident, monthly for a period of 3 months, to ensure all required information is included.

Valerie Sly, Program Director

Date

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
Stil-89-18 Records and reports. (b)(2) During residence, records shall be maintained the caregiver and shall include the following information: Observations of the resident's response to med. Ition, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs; FINDINGS Resident #1 — Monthly progress notes in the last twelve (12) months did not consistently document response to medications, treatments, diet, and activities.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-89-18 Records and reports. (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information: Observations of the resident's response to medication, treatments, diet, provision of care, response to divities programs, indications of illness or injury, under all skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs; FINDINGS Resident #1 - Monthly progress notes in the last welve (12) months did not consistently document response to medications, treatments, diet, and activities.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? SEE Attacked	8/9/24

Licensee's/Administrator's Signature:	May Sily	
Print Name:	VALERIE SY	
Date: _	8/9/24	
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