

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - EWA B	STREET ADDRESS, CITY, STATE, ZIP CODE 91-824 B HANAKAHI STREET EWA BEACH, HI 96706
--	--

(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	INITIAL COMMENTS A relicensure survey was conducted by the State Agency from 04/10/24 through 04/12/24. The facility was found not to be in compliance with Title 11, Chapter 99, Intermediate Care Facilities for Individuals with Intellectual Disabilities.	9 000		
9 091	11-99-9(d)(2)(A) DIETETIC SERVICES All food shall be procured, stored, prepared, distributed, and served under sanitary conditions. This Statute is not met as evidenced by: Based on observation and staff interview the facility failed to prepare client's meals in a sanitary manner, putting the clients at risk for food borne illness. Findings Include: 1) On 04/10/24 at 4:30 PM observed Direct Support Professional (DSP) 7 open salmon fillet packets and with ungloved hands placed them on a foil lined pan. DSP7 seasoned the salmon and used her ungloved finger tips to press the seasoning down onto the fillets. At this time interviewed DSP7 and inquired about her gloveless hands while handling food. DSP7 stated it was her first day cooking in the house. Inquired if she had orientation to cooking in the house and she stated she observed other staff. Inquired if she observed other staff cook without wearing gloves and she confirmed this. On 04/10/24 at 4:54 PM interviewed House Manager (HM) 1 regarding new staff orientation to cooking and cleaning in the home. HM1 confirmed she does orientation with new staff and confirmed staff are to use gloves when handling meat. HM1 showed DSP7 where the gloves are	9 091		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - EWA B	STREET ADDRESS, CITY, STATE, ZIP CODE 91-824 B HANAKAHI STREET EWA BEACH, HI 96706
--	--

(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
9 091	<p>Continued From page 1</p> <p>kept in the kitchen for staff to use when handling food.</p> <p>2) On 04/10/24 at 5:00 PM observed DSP7 remove the pan of salmon from the oven. Interviewed DSP7 at this time and inquired how she knows the fish is done. DSP7 stated she looks at the color of the fish and the flakiness. DSP7 stated she did not know she was supposed to check the temperature of the fish when inquired. DSP7 stated she would "touch it" to check for doneness. Suggested DSP7 inquire of the HM1 how she would check to assure the salmon was ready for clients to eat. HM1 came into the kitchen and showed DSP7 where the thermometer was kept and showed how to test the temperature of the salmon fillets. HM1 stated fish is done at 145 degrees.</p> <p>On 04/12/24 at 09:36 AM interviewed Nurse Manager (NM). Inquired if DSP7 had attended training for infection control and handling and cooking food for the clients. NM stated DSP7 attended the recent annual Infection Control Training she provided to the staff. NM was able to provide the record when DSP7 attended this training, 03/19/24 from 09:04 AM - 10:49 AM. Reviewed the copy of the Infection Control Training 2024 PowerPoint the NM provided and found there is a section titled Food Safety and Handling. One slide states Use cooking gloves when handling meat and poultry. Use tongs or proper kitchen equipment when handling food. Another slide states Cook food to minimal cooking temperature before serving 145 degrees F (Fahrenheit) - fish, whole pieces of pork and beef (roast). The next slide states USDA Recommended Safe Minimum Internal Temperatures Fish 145 degrees F (Fahrenheit).</p>	9 091		

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - EWA B	STREET ADDRESS, CITY, STATE, ZIP CODE 91-824 B HANAKAHI STREET EWA BEACH, HI 96706
--	--

(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
9 092	Continued From page 2	9 092		
9 092	<p>11-99-9(d)(2)(B) DIETETIC SERVICES</p> <p>Dry or staple food items shall be stored above the floor in a ventilated room not subject to seepage or waste-water backflow, or contamination by condensation, leakages, rodents, or vermin.</p> <p>This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to comply with Hawaii Administrative Rule §11-99-9(d)(2)(B), as evidenced by emergency staple food items for 2 of 5 clients (Clients 1 and 4), stored directly on the floor of the emergency food closet.</p> <p>Findings include:</p> <p>On 04/10/24 at 02:40 PM, observed emergency food supply closet with Direct Support Personnel (DSP)7. DSP7 confirmed 3 cases of pureed food on the floor of the closet was for clients.</p> <p>On 04/10/24 at 03:18 PM, an interview was done with Home Manager (HM)1 in the living area. HM1 confirmed that the bottles of pureed food on the floor of the emergency food supply closet was for Client (C)1 and C4 because they required a pureed diet. HM1 reported that she was unaware that the pureed food bottles should be kept off the floor.</p> <p>Review of the facility Food Storage and Rotation policy and procedure, dated 08/2019, noted that the Home Manager is responsible to "Store all food in a cool, dry, dark place off of the ground."</p>	9 092		
9 146	11-99-14(e) HOUSEKEEPING	9 146		

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - EWA B	STREET ADDRESS, CITY, STATE, ZIP CODE 91-824 B HANAKAHI STREET EWA BEACH, HI 96706
--	--

(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
9 146	<p>Continued From page 3</p> <p>All floors, walls, ceilings, windows, furnishings, and fixtures shall be kept clean and in good repair.</p> <p>This Statute is not met as evidenced by: Based on observation and staff interview the facility failed to provide a clean and pest free room for Client (C) 4.</p> <p>Findings include:</p> <p>On 04/10/24 at 03:25 PM went into C4's room to observe client and staff. Noticed spiders and spider web on C4's wall behind her door and near the floor. At this time went out of the room to get the House Manager (HM) 1 to come into C4's room. Closed the door and showed HM1 the spider webs and spiders on the wall and baseboard of C4's room. HM1 proceeded to kill the spiders with her shoe. Counted six spiders that were killed. Inquired who cleans the house and HM1 stated the facility staff clean the house. HM1 stated staff are expected to clean/sweep house which includes behind the doors. HM1 stated baby spiders came out of baseboard when she pressed on it when she was cleaning the area. Inquired if the facility has pest spraying that is done regularly and HM1 stated it is done quarterly.</p>	9 146		
9 149	<p>11-99-14(h) HOUSEKEEPING</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 observation and interview, the facility failed to comply with Hawaii Administrative Rule §11-99-14(h), as evidenced by an unlocked</p>	9 149		

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - EWA B	STREET ADDRESS, CITY, STATE, ZIP CODE 91-824 B HANAKAHI STREET EWA BEACH, HI 96706
--	--

(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
9 149	<p>Continued From page 4</p> <p>storage closet containing caustic cleaning materials which were accessible to 2 of 5 clients (Clients 3 and 5), who were not under constant supervision.</p> <p>Findings include:</p> <p>On 04/11/24 at 06:00 AM, observed the cleaning supply closet in the laundry room unlocked with the key still in the lock.</p> <p>At 06:52 AM, observed that Direct Support Personnel (DSP)8 was in the bathroom, unable to visualize C3 and C5 in the living room. DSP6 was in the kitchen, with her back to the living room, and Home Manager (HM)1 was outside getting Client (C)2 off the transport bus and bringing her back in the home. C3 and C5 were observed independently ambulating and wandering around the living room. The cleaning supply closet remained unlocked.</p> <p>At 06:56 AM, Surveyor went to open the unlocked cleaning supply closet to observe what was inside. In addition to bleach, observed various other caustic cleaning supplies for the home, both liquid and powder. Both DSP6 and DSP8 took notice of Surveyor at the cleaning supply closet and acknowledged that it should not have been left unlocked.</p>	9 149		
9 151	<p>11-99-15(b) INFECTION CONTROL</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>	9 151		

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - EWA B	STREET ADDRESS, CITY, STATE, ZIP CODE 91-824 B HANAKAHI STREET EWA BEACH, HI 96706
--	--

(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
9 151	<p>Continued From page 5</p> <p>This Statute is not met as evidenced by: Based on observation and staff interview the facility staff failed to perform hand hygiene between glove use while dispensing medication for Client (C) 4.</p> <p>Findings Include:</p> <p>On 4/10/24 at 4:00 PM observed Direct Support Professional (DSP) 5 get C4's medication ready to give to her. DSP5 was observed taking off her gloves and put on a new pair of gloves without performing hand hygiene between glove use. Interviewed DSP5 at this time and inquired what she is supposed to do after she throws her gloves away and she stated "I'm supposed to wash."</p> <p>Right after this observation inquired of House Manager (HM)1 if staff are provided training on how to pass medication to clients. HM1 confirmed staff are trained on how to pass medications to clients in the home before they do this task.</p> <p>On 04/12/24 at 09:36 AM interviewed Nurse Manager (NM). NM confirmed DSP5 had attended the Infection Control 2024 training and provided the document confirming staff's attendance on 03/19/2024 from 09:30 AM - 10:30 AM. NM showed slide of this training PowerPoint she used that shows staff How to take off gloves that states Peel the remaining glove off from the inside, creating a "bag" containing both gloves. Discard. Wash your hands.</p>	9 151		
9 154	<p>11-99-16(a)(3) IN-SERVICE EDUCATION</p> <p>There shall be a staff in-service education program that includes:</p>	9 154		

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - EWA B	STREET ADDRESS, CITY, STATE, ZIP CODE 91-824 B HANAKAHI STREET EWA BEACH, HI 96706
--	--

(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
9 154	<p>Continued From page 6</p> <p>In-service training shall include annually: Prevention and control of infections, fire prevention and safety, accident prevention, resident's rights, and problems and needs of the mentally retarded. This Statute is not met as evidenced by: Based on record review and interview, the facility failed to ensure all staff received the required annual trainings, specifically in accident prevention and infection control. As a result of this deficient practice, the staff did not have the trainings/ evaluations to perform their duties effectively, efficiently, and competently.</p> <p>Findings include:</p> <p>A review of the annual trainings for the Direct Support Personnel (DSP) in the home noted that DSP7 and DSP4 were both overdue for their annual trainings in Accident Prevention. DSP7 was documented as last trained on 03/28/23, and DSP4 on 03/30/23. In addition, in a review of the training attendees, it was noted that DSP3 and DSP6 were also overdue for their annual Infection Control (IC) training.</p> <p>On 04/12/24 at 09:00 AM, the Human Resources Assistant reported that per the Training Coordinator, with regards to the Accident Prevention training, although it had been over a year since the last training (for DSP7 and DSP4), the trainings are "due annually so there is still time."</p> <p>Interview with the Nurse Manager (NM) at 01:15 PM outside her office validated that it was the facility practice that only a Nurse could conduct the IC training, including make-up trainings for staff who missed the annual training. NM</p>	9 154		

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - EWA B	STREET ADDRESS, CITY, STATE, ZIP CODE 91-824 B HANAKAHI STREET EWA BEACH, HI 96706
--	--

(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
9 154	<p>Continued From page 7</p> <p>acknowledged that both DSP3 and DSP6 were overdue for their annual IC training and confirmed that she did not conduct any make-up trainings for them in the last year.</p> <p>Interview with the Program Manager at 02:00 PM in the Conference Room confirmed that if it had been over a year since the last required training, then the training was overdue. Surveyor clarified with the Program Manager that it was the facility practice to ensure annual trainings did not exceed 12 months between trainings.</p> <p>A review of the facility's Annual Training Requirements policy and procedure, last revised on 12/18/23, noted that for all staff working with the clients in the home, Accident Prevention and Infection Control trainings were mandated annually.</p>	9 154		
9 189	<p>11-99-22(c) PHARMACEUTICAL SERVICES</p> <p>Each drug shall be rechecked and identified immediately prior to administration.</p> <p>This Statute is not met as evidenced by: Based on observation, record review and staff interview the facility failed to administer insulin to Client (C) 1 as ordered by the physician by having another staff verify insulin dose before it was given.</p> <p>Findings Include:</p> <p>On 04/10/24 at 5:57 PM observed Direct Support Professional (DSP) 5 take out C1's medication basket from the locked cabinet, show C1 her medication basket which has her name and picture on it and tell her she was going to give her</p>	9 189		

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE ARC IN HAWAII - EWA B	STREET ADDRESS, CITY, STATE, ZIP CODE 91-824 B HANAKAHI STREET EWA BEACH, HI 96706
--	--

(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
9 189	<p>Continued From page 8</p> <p>insulin. DSP5 checked C1's blood glucose level which was 227. DSP5 calculated C1's insulin dose was 8 units per the ordered sliding scale and set the insulin pen to this dose. Site was selected, cleaned with an alcohol swab and dose given which C1 tolerated well.</p> <p>On 04/12/24 reviewed C1's April 2024 Physician Orders and found an order for cosign= person who verifies insulin dose.</p> <p>On 04/12/24 at 10:05 AM interviewed Nurse Manager (NM) who confirmed the order for C1 which stated cosign= person who verifies insulin dose means a second staff has to verify the insulin dose is correct prior to giving it. This was not observed being done on 04/10/24 at 5:57 PM when DSP5 gave C1 her insulin. Inquired of NM if DSP5 had received training on medication administration and she confirmed DSP5 had been provided the training on insulin administration. NM provided documentation DSP5 attended Medication Administration training on 07/11/23. NM also provided documentation that HM1 and DSP5 attended the Hypoglycemia + Hyperglycemia Training & Insulin (New Order), Use Manual if BS less than 70 & greater than 300 on 03/14/24.</p> <p>Record review of C1's Medication Administration Record (MAR) found 34 opportunities for a cosign for Humalog Kwikpen insulin doses from 04/01/24 - 04/12/24, three doses a day for 11 days and one dose on 04/12/24. C1 receives insulin three times a day at 5:00 AM, 11:00 AM and 5:00 PM. 24 spaces were signed by the same staff who administered C1's insulin. 10 spaces that required a cosign were signed by a different staff who did not sign as giving the insulin.</p>	9 189		