

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 01/30/2025
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 01/28/25 through 01/30/25. The facility was found not to be in compliance with Title 11, Chapter 99, Intermediate Care Facilities for Individuals with Intellectual Disabilities.	9 000		
9 199	11-99-22(g)(6) PHARMACEUTICAL SERVICES Discontinued and outdated drugs and containers with worn, illegible, or missing labels shall be returned to the pharmacy or drug room for proper disposition. This Statute is not met as evidenced by: Based on observation, interview, and pharmacy policy review, the facility failed to remove outdated/expired drugs from a client's medication storage bin for one of two client's bins sampled and failed to label two ophthalmic solutions (eye drops) with an open or expiration date for two of two ophthalmic solutions sampled. As a result of this deficient practice, clients are at risk for more than minimal physical harm such as a reaction (skin/eye/rash) and/or untreated/improper treatment of a condition due to the use of an expired medication. Findings include: 1) On 01/29/25 at 06:45 AM, conducted a review of Client (C)2's medication storage bin. House Manager (HM)1 retrieved two plastic medication bins for C2. Noted a tube of Bacitracin ointment had expired on 06/30/24 and was prescribed to C5. Reviewed this observation with HM1. HM1 inspected the Bacitracin ointment, and confirmed the Bacitracin ointment expired on 06/30/24 and should have been disposed.	9 199		

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 01/30/2025
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
9 199	<p>Continued From page 1</p> <p>On 01/30/25 at 11:14 AM, conducted an interview and informed Registered Nurse (RN)1 of the observation of the expired tube of Bacitracin. RN1 confirmed all outdated/expired medications should have been removed from the medication storage bin and discarded when the medication expired.</p> <p>2) On 01/29/25 at 06:55 AM, conducted a concurrent interview and review of C2's medication storage bin with HM1. Inspected two bottles of ophthalmic bottle (Refresh Tears and Cyclopentolate 1% (percent) drops) which were stored in a plastic cup. Review of the bottle's packaging noted a label (put on by staff) documenting the Refresh Tears expired 90 days after the bottle is opened. Inspected the bottles noted a label for the open date/expire date which was blank (no date). Review of the bottle of Cyclopentolate 1% drops confirmed the bottle was not labeled with an open or expiration date.</p> <p>Asked HM1 to double check both ophthalmic solutions for the open and expiration date. HM1 confirmed both ophthalmic solutions were not labeled with an open and/or expiration date and did not know when the ophthalmic solutions were opened or expire.</p> <p>Conducted an interview and informed RN1 of the two ophthalmic solutions which did not have an open or expired date on 01/30/25 at 11:25 AM. RN1 could not attest if ophthalmic solutions are required to have an expiration/open date and explained the facility had asked the pharmacy to put expiration/open labels on medications needed to be labeled. RN1 was informed that the labels were on the box/solution bottle, but the labels were left blank. RN1 requested an opportunity to speak to the pharmacist. At 12:43 PM, RN1</p>	9 199		

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 01/30/2025
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
9 199	Continued From page 2 came into the conference room with a pharmacy form titled "Beyond-Use-Date Table" and confirmed according to the pharmacy's form, ophthalmic solutions should be discarded 90 days after opening. RN1 also confirmed if the open date is not on the label or bottle, the solutions should be discarded for client safety.	9 199		