

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER OPPORTUNITIES AND RESOURCES, INC (HOUSE 1-A		STREET ADDRESS, CITY, STATE, ZIP CODE 64-1510 KAMEHAMEHA HIGHWAY WAHIAWA, HI 96786		
(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 re-licensure survey was conducted by the Office of Healthcare Assurance from 01/14/25 to 01/16/25. The facility was found not to be in compliance with Title 11, Chapter 99.	9 000		
9 186	11-99-22(b) PHARMACEUTICAL SERVICES Medications administered to a resident shall be ordered either in writing or verbally by a physician so authorized by facility policy. This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure medications that were administered were clearly ordered by the physician. The Oxygen that was administered to Client (C) 5 was not ordered by the physician and not included in the medications list. The oral medications for C5 were crushed and administered to the client without physician orders to "crush" the medications. Findings include: Observation on 01/14/25 at 05:30 PM in the home. Caregiver (CG) was preparing medications for C5 who was in his bed. Observed CG pour the medications into a pill crushing device, crush the medications to a powder and place in a plastic cup. The CG took the crushed medication into C5's bedroom where C5 was sitting up in bed and handed it to Reliever (R) 45 who poured it into a large bowl of pureed spaghetti he was eating for dinner. The surveyor asked the CG if crushing the medication and pouring it into the bowl if that was the normal way he receives his medication. CG responded that he can't swallow the pills whole, so we have to crush it and put it into his food.	9 186		

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: 12G030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER OPPORTUNITIES AND RESOURCES, INC (HOUSE 1-A		STREET ADDRESS, CITY, STATE, ZIP CODE 64-1510 KAMEHAMEHA HIGHWAY WAHIAWA, HI 96786		
(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
9 186	<p>Continued From page 1</p> <p>During the administration of medications to C5 observed an Oxygen (O2) concentrator with green tubing next to C5's bed. The surveyor asked the CG and R45 what the O2 is for? They both explained that C5 wears the O2 at night when he goes to sleep. The surveyor asked what is the Liters per minute (LPM) for the O2? They both didn't respond. During a discussion with the CG afterward, the surveyor asked about the LPM again. The CG didn't respond but held up her fingers to show five.</p> <p>Physician orders reviewed on 01/15/25. No orders for the administration of O2 were found or to crush medications before administering to C5.</p> <p>Current Medication List date 10/31/24 Reviewed. Oxygen was not found on the list and there were no instructions to crush the oral medications.</p> <p>Health Maintenance Plan, (HMP) reviewed on 01/15/25, last updated on 11/25/24. Oxygen therapy was not included in the HMP.</p> <p>Interview with Registered Nurse (RN) and Case Manager on 01/16/25 at 02:15 PM. The surveyor asked if there was an order for C5's O2? The CM responded that C5 had a sleep study and afterward, he saw the Pulmonologist to be fitted for the O2 dosage. It was a recommendation that he wear O2 at 5 liters per minute (LPM) due to his desaturations (O2 level to the tissues goes down) during the study. The RN confirmed that there weren't any orders from the physician, and it was written as a recommendation by the Pulmonologist on the consultation report dated 08/19/24. The RN agreed that the O2 should be an ordered therapy to ensure the staff are aware how to apply it and what the dosage (LPM) is.</p>	9 186		

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER OPPORTUNITIES AND RESOURCES, INC (HOUSE 1-A		STREET ADDRESS, CITY, STATE, ZIP CODE 64-1510 KAMEHAMEHA HIGHWAY WAHIAWA, HI 96786		
(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
9 186	Continued From page 2 The RN asked the CM to update the medication list with the O2. The surveyor discussed the crushing of the medications and asked if there was a physician's order to crush the medications and if the staff were trained. The CM stated that the speech therapist who did the swallow evaluation for C5 recommended the medications be crushed for C5 because he is not able to swallow whole pills. He met with the caregiver in the home and trained her how to crush the medications. Mandatory training for new relievers dated November 22, 2024, reviewed on 01/16/25. Client Health and Safety ...Follow Doctor's order Medication Administration Record ...Do no split or crushed medications without Doctor's order ... (sp). O2 therapy policy was not provided to the surveyor for review.	9 186		
9 260	11-99-28(g)(2) RESIDENT RECORD SYSTEM All entries in the resident's record shall be: Dated. This Statute is not met as evidenced by: Based on record review and interview, the facility failed to ensure its medical records were complete with dates. Two documents reviewed were not dated by the Physician. Findings include: Opportunities and Resources Inc. (ORI) Physician (MD) Notes for client (C) 5 reviewed on 01/15/2025. Note stated "Down syndrome-Sleep Apnea ...Get Hospital bed.	9 260		

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER OPPORTUNITIES AND RESOURCES, INC (HOUSE 1-A		STREET ADDRESS, CITY, STATE, ZIP CODE 64-1510 KAMEHAMEHA HIGHWAY WAHIAWA, HI 96786		
(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
9 260	<p>Continued From page 3</p> <p>No date on the handwritten note from the MD.</p> <p>2) Medication Order Form for C5 reviewed. "Hospital Bed (old one broken)" Signed by the physician; no date documented on the handwritten form.</p> <p>Interview on 01/16/25 with the Registered Nurse (RN) and Case Manager (CM) in the conference room at the Administration building next to the record room. The surveyor shared the document and asked the RN who is responsible for monitoring the medical records for completeness and accuracy. The RN said it's her responsibility as the utilization review nurse to review the records. The RN and CM, confirmed that the record was not dated by the MD.</p> <p>Quality Assurance Policies & Procedures Revised 11/29/22 reviewed on 01/15/25. D. Record Review. 1. The QA Coordinator will review the records of a minimum of 25% of total residents per quarter ...</p>	9 260		