

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Arc in Hawaii – Kaimuki A	CHAPTER 89
Address: 3705 Mahina Avenue, Honolulu, Hawaii 96814	Inspection Date: March 31, 2025 Annual

THIS PAGE MUST BE SUBMITTED 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-7 <u>Qualifications of caregiver and administrator.</u> (a)(2) The caregiver of a facility shall:</p> <p>Be CPR and first aid trained;</p> <p><u>FINDINGS</u> Certified Caregiver (CC) #1 – CPR and first aid training completed online.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>We were not able to obtain the caregivers training as she left the island and decided not to return to work.</p>	04/30/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-7 <u>Qualifications of caregiver and administrator.</u> (a)(2) The caregiver of a facility shall:</p> <p>Be CPR and first aid trained;</p> <p><u>FINDINGS</u> Certified Caregiver (CC) #1 – CPR and first aid training completed online.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The HR Department is responsible for ensuring certifications are done in-person and not online. Going forward, HR will inform employees who chose to be certified outside of The Arc in Hawaii that their certification will need to be in person and not online. When HR receives their certificate of completion, they will verify the employee was certified in person. Should an employee complete their certification online, the employee will have one week to complete an in-person certification.</p>	04/14/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>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.</p> <p><u>FINDINGS</u> Resident #1 – Saline Nasal Spray 0.65% ordered 6/14/2024 = 1 spray into each nostril as needed. Order does not include the as needed indication.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The order was discontinued as the resident did not use the spray.</p>	04/08/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>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.</p> <p><u>FINDINGS</u> Resident #1 – Saline Nasal Spray 0.65% ordered 6/14/2024 = 1 spray into each nostril as needed. Order does not include the as needed indication.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The RN discussed the home managers responsibility of reviewing all orders that are given during appointments or faxed to the home. Should information be missing such as the indication for the medication, the home manager will contact the physician's office and request for a correct order.</p> <p>Monthly, the assigned RN receives physician orders from Pharmicare at which time they are to review all medication to ensure necessary information is written. If, during their medication review it is found the orders are not written correctly they will either request the home manager to obtain the correct orders or contact the physician's office and request the needed information. The RN will follow up with the home manager to ensure the correct orders were obtained.</p>	04/08/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>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.</p> <p><u>FINDINGS</u> Resident #1 – Ibuprofen 600 mg and Saline Nasal Spray 0.65% not available for use. Both appeared on 1/7/2025 signed physician orders and there is no order to discontinue either.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The Ibuprofen 600mg tablet and Saline nasal spray 0.65% were discontinued and signed by Ryan Erlenbact, APRN on behalf of the doctor. See attachment 1</p>	04/08/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>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.</p> <p><u>FINDINGS</u> Resident #1 – Ibuprofen 600 mg and Saline Nasal Spray 0.65% not available for use. Both appeared on 1/7/2025 signed physician orders and there is no order to discontinue either.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The home manager is responsible for ensuring all prescribed medication are available to the residents. Quarterly, the home manager will check the prn bins. If a medication is not there (expired and disposed of), the home manager will discuss with the assigned RN the need of the medication and obtain a discontinuation order from the prescriber if it is not. If the medication is still needed, the home manager will contact the pharmacy and request for a refill. On a bi-annual basis, the RN is responsible for checking the prn bin and ensuring the medication is available. If the medication is not available, the RN will let the home manager know so they can request for a discontinuation or a refill. The RN is also able to do this themselves if the manager is not available.</p>	04/08/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u> Resident #1 – Benzonatate ordered on 12/12/2023 did not appear on the 4/6/2024 signed physician orders; however, there was no order to discontinue the medication, and it reappeared on the 7/10/2024 signed physician orders.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 Resident health and safety standards. (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u> Resident #1 – Benzonatate ordered on 12/12/2023 did not appear on the 4/6/2024 signed physician orders; however, there was no order to discontinue the medication, and it reappeared on the 7/10/2024 signed physician orders.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Home manager will update the printed physician order sheet at each appointment (if needed) and will notify the nurse of changes. The nurse will update the MAR as needed and the home manager will verify the update. The physicians order sheet (yellow copy) will be turned in by the 15th of the month with the changes made up to that date. Changes after that date will be the responsibility of the nurse.</p> <p>Prior to sending out the new month's physician order sheets, the nurse will carefully review the document for accuracy. Corrections should be made and initialed as needed. Should a medication not be listed on the physician order, it is responsibility of the nurse to follow up with the home manager to see if the medication was discontinued or if the pharmacy missed including it. Upon receipt, the home manager will also review the physician order sheets and communicate with the nurse regarding any changes or inaccuracies.</p>	04/08/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><u>FINDINGS</u> Resident #2 – Annual tuberculosis clearance not signed by a physician or APRN.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The Statement of Hawaii's TB Form F (TB clearance form) was sent to the resident's primary physician for signature</p>	04/11/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><u>FINDINGS</u> Resident #2 – Annual tuberculosis clearance not signed by a physician or APRN.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The home manager will be responsible to have the State's TB form available for the physician when a resident is due for testing. Prior to leaving the physician's office, the home manager will ensure the results are signed by either the physician or an APRN. The home manager is then responsible for submitting the completed form to the RN for review. On a quarterly basis, the RN will review resident's medical information, orders, tests etc to ensure all information is correct and signed properly.</p>	04/08/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, 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;</p> <p><u>FINDINGS</u> Resident #1 – Monthly progress notes do not include observations of the resident's response to diet and medications.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, 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;</p> <p><u>FINDINGS</u> Resident #1 – Monthly progress notes do not include observations of the resident's response to diet and medications.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The new progress notes/case notes have been created in Therap for the home managers to utilize. The form includes response to diet and medications.. See attachment 4</p> <p>Monthly, the home manager is responsible for documenting any changes, responses or concerns on the newly developed progress note/case notes in Therap. They will have until the 5th of the next month to input the information for the previous month. (home manager inputs information by April 5th for March). The RN is responsible for reviewing the information monthly and discussing with the home manager any information on the notes that are concerning. If needed, these notes will be taken to the resident's physician to discuss. The Waiver Coordinator will be responsible for any modifications to the form in order to meet requirements</p>	03/31/2025

Licensee's/Administrator's Signature: Christine Menezes, Director of Operations

Print Name: Christine Menezes

Date: Apr 15, 2025

Licensee's/Administrator's Signature: Christine Menezes, Director of Operations

Print Name: Christine Menezes

Date: Jun 30, 2025