Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	12G037	A. BUILDING: ______ B. WING ______	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARC OF MAUI - MANA OLA	450 KANALOA AVENUE KAHULUI, HI 96732

(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 licensure survey was conducted by the Office of Health Care Assurance from 09/09/25 through 09/12/25. The facility was found not to be in compliance with Title 11, Chapter 99, Intermediate Care Facilities for Individuals with Intellectual Disabilities. Census: 5 clients Sample: 3 clients	9 000		
9 151	11-99-15(b) INFECTION CONTROL There shall be appropriate policies and procedures written and implemented for the prevention and control of infections and the isolation of infectious residents. This Statute is not met as evidenced by: Based on observations and interview, the facility failed to ensure staff members washed their hands before and after disposable glove use while providing services to clients. This deficient practice places the clients at an increased risk for illness. Findings include: During an observation at the Day Program on 09/09/25 from 10:00 AM to 03:30 PM, made multiple observations of Habilitation Worker (HW)1 removing disposable gloves and putting on a new pair of gloves after providing assistance with clients without hand washing or hand sanitizing. At 01:32 PM, after helping Client (C)4 take out snacks from his lunch box, observed HW1 grab	9 151		

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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9 151	Continued From page 1 new gloves and put them on without hand washing or hand sanitizing then proceeded to help C3 with arts and crafts. At 01:45 PM, observed HW1 remove her gloves after helping C3 and put on new gloves without hand washing or hand sanitizing to assist C4. DSP1 was observed to touch C4's belongings including a clip board she was using. On 09/10/25, at 12:18 PM, after providing assistance to C3, observed HB2 remove one glove to assist C2, give C2 a yellow and red item with the ungloved hand, remove the other glove, put on a new pair of gloves without hand washing or hand sanitizing, and then provide assistance to C4. On 09/11/25, at 08:00 AM, interview with Program Director (PD) was done. PD stated staff should wash their hands before putting on disposable gloves and after taking the gloves off. PD further stated they should hand sanitize prior to getting a new pair of gloves so they do not contaminate the gloves and to ensure hands are clean.	9 151		
9 194	11-99-22(g)(1) PHARMACEUTICAL SERVICES All drugs shall be kept under lock and key except when authorized personnel are in attendance. This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure medications administered during the Adult Day Health (ADH) program were locked and secured. This deficient practice puts clients at risk for accidental hazards.	9 194		

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9 194	Continued From page 2 Findings include: On 09/09/25 at 12:32 PM, at ADH, observed cabinet against the wall between the activities area and the shared restroom. An open padlock was hung on the handle of one of the cabinet doors. Inside the cabinet were some paper supplies and a plastic bag that contained medications for two unsampled clients, Lorazepam (antianxiety) and Sodium Chloride (electrolyte). Program Manager (PM) confirmed that the cabinet was left unlocked and added that the clients do not usually go on that side of the room. Observed two clients ambulate on their own to use the restroom and walk past the unlocked cabinet after finishing their lunch. Review of facility policy titled, "Medication Storage" stated, ". . . All medication should be kept in a locked cabinet . . . This includes both prescription and non-prescription medications . . ."	9 194		