

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>12G036</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/21/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE ARC OF MAUI - HALE KIHEI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>179 HALE KAI STREET KIHEI, HI 96753</b>
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9 000	INITIAL COMMENTS  A licensure survey was conducted by the State Agency from 02/19/25 through 02/21/25. The facility was found not to be in compliance with Title 11, Chapter 99, Intermediate Care Facilities for Individuals with Intellectual Disabilities.	9 000		
9 085	11-99-9(c)(2) DIETETIC SERVICES  Modified or therapeutic diets shall be:  Planned, prepared, and served by qualified personnel. This Statute is not met as evidenced by: Based on observation and record review, the facility failed to follow the modified diet prescribed for 1 of 5 clients (Client 2). As a result of this deficient practice, Client (C)2 was placed at risk of an avoidable choking emergency/injury.  Findings include:  Client (C)2 is a 72-year-old female with profound intellectual disability admitted to the facility on 08/24/97. Review of C2's diet orders noted the following:  "10/10/24 Pudding Thick Liquid"  On 02/20/25 at 08:41 AM, observed Direct Support Personnel (DSP)1 assisting C2 with breakfast. DSP1 was feeding C2 a nutrition shake that she had thickened to a pudding consistency, and giving C2 water that she had not thickened at all.  On 02/20/25 at 09:00 AM, after C2 began coughing a little, observed DSP2 tell DSP1 that C2's water needed to be thickened as well due to	9 085		

Office of Health Care Assurance LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>03/18/25</b>
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9 085	Continued From page 1  "choking risk."	9 085		
9 088	<p>11-99-9(d)(1)(B) DIETETIC SERVICES</p> <p>Menus:</p> <p>Shall provide a sufficient variety of foods in adequate amounts at each meal, and adjusted for seasonal changes, along with resident's preferences as much as possible.</p> <p>This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to have a process in place to ensure that a variety of food was provided during lunch on a client outing, as evidenced by the half cup of fruit cocktail reflected on the menu not being served. This deficient practice, if not corrected, places the clients at risk for nutritional deficiencies.</p> <p>Findings include:</p> <p>On 02/19/25, review of the Week 1 menu revealed the following for the AM SNACK:</p> <p>"Fruited/Low fat Yogurt 1c [cup] ..."</p> <p>The following was listed for lunch:</p> <p>"Tuna Salad on Wheat ... Fruit Cocktail ½ c ..."</p> <p>On 02/19/25 at 09:35 AM, interview with the Program Director revealed that the Clients of the house "do outings" every Wednesday and are headed to the Pharmacy currently, then will go to the park for their outing.</p> <p>On 02/19/25 at 11:24 AM, arrived at the park with</p>	9 088		

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9 088	Continued From page 2  five (5) Clients and three (3) Direct Support Personnel (DSP) from the home.  On 02/19/25 at 11:55 AM, observed the following served for lunch: tuna sandwich on wheat bread, pre-packaged cups of fruit flavored yogurt (no fruit mixed in), iced tea and/or water. Confirmed this was the AM snack with lunch. Made no observation of fruit cocktail or an equivalent being served.	9 088		
9 098	11-99-9(d)(3)(E) DIETETIC SERVICES  Individuals needing special equipment, implements, or utensils to assist them when eating shall have such items provided by the facility. This Statute is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 5 clients (Client 5) had his food served with appropriate utensils, as evidenced by Client (C)5 not having his adaptive spoon available for meals consumed inside or outside the home. As a result of this deficient practice, C5 failed to have his needs met, and was hindered from maintaining his independence at his highest functional level.  Findings include:  Client (C)5 is a 41-year-old male with profound intellectual disability admitted to the facility on 05/11/16. Review of C5's Mealtime Skills Assessment and Plan, dated 04/01/24, revealed the following:  "List adaptive equipment needs: ... uses an adaptive small spoon with a wide grip handle ..."	9 098		

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9 098	<p>Continued From page 3</p> <p>This document was signed by the House Manager (HM), who also serves as the Qualified Intellectual Disabilities Professional (QIDP), on 04/01/24.</p> <p>Observation of C5 at lunch on 02/19/25 and breakfast on 02/20/25 revealed no utensils with wide grip handles used.</p> <p>On 02/20/25 at 07:08 AM, an interview with Direct Support Personnel (DSP)2 was done in the kitchen. When asked about about adaptive utensils, DSP2 was unfamiliar with the concept. After the State Agency (SA) gave an explanation, DSP2 stated there were none in the house of which she was aware.</p> <p>On 02/20/25 at 10:55 AM, an interview was done with HM in the kitchen. When asked about adaptive utensils, HM showed the SA a small spoon with a normal thin handle used by C5. HM confirmed that the small spoon with a normal thin handle was the only "adaptive equipment" in the home.</p> <p>On 02/21/25 at 02:23 PM, an interview was done with Registered Nurse (RN)1 in her office. During a concurrent review of C5's Mealtime Skills Assessment and Plan, RN1 confirmed that C5 should have and be using an adaptive spoon with a wide grip handle.</p>	9 098		
9 138	<p>11-99-13(2)(G) GOVERNING BODY AND MANAGEMENT</p> <p>There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These</p>	9 138		

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9 138	<p>Continued From page 4</p> <p>evaluations shall be specifically oriented to determine the absence of any infectious disease. Each examination shall include a tuberculin skin test, as defined, or a chest x-ray.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to provide documented evidence that every employee had an annual health evaluation by a physician and a tuberculin (TB) skin test, as evidenced by an overdue physical exam and TB test for the House Manager (HM) who also serves as the Qualified Intellectual Disabilities Professional (QIDP). As a result of this deficient practice, the absence of any infectious disease(s) could not be confirmed.</p> <p>Findings include:</p> <p>On 02/19/25, review of the Employee Health Worksheet, dated 12/31/24, noted that the HM's last documented "Health Eval [evaluation]/PE [physical exam] was on 02/16/24, and his last documented "TB Test" was on 02/08/24.</p> <p>On 02/19/25 at 10:04 AM, an interview with the Program Director (PD) was done. PD confirmed that HM's PE and TB test were overdue and stated that Provider's policy is that all certifications are kept up to date.</p> <p>Review of the Provider's Employee Health Requirements policy and procedure revealed the following:</p> <p>"Annual Health Evaluations will be completed by all employees within one year of the previous Health Evaluation."</p>	9 138		

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9 146	Continued From page 5	9 146		
9 146	<p>11-99-14(e) HOUSEKEEPING</p> <p>All floors, walls, ceilings, windows, furnishings, and fixtures shall be kept clean and in good repair. This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to comply with Hawaii Administrative Rule §11-99-14(e), as evidenced by observations of a dirty oven used to prepare client meals, and a light fixture in the common/living covered with cobwebs.</p> <p>Findings include:</p> <p>On 02/20/25 at 06:29 AM, observed the ceiling fan/light fixture in the common/living room with several cobwebs on the part closest to the clients.</p> <p>On 02/20/25 at 09:27 AM, observed oven to be dirty with foil-covered cookie sheet with debris on it forgotten in there. Glass on oven door is so dirty it cannot be seen through.</p> <p>On 02/20/25 at 10:25 AM, interview was done with Direct Support Personnel (DSP)2 as the House Manager (HM) had not yet arrived. DSP2 stated the oven is "cleaned quarterly." DSP2 acknowledged that the used cookie sheet should have been removed from the oven after use and acknowledged that the oven appears to need cleaning.</p> <p>On 02/20/25 at 10:55 AM, interview was done with the HM. When asked about routine house maintenance and cleaning, HM explained that the bathrooms and refrigerators are cleaned regularly, the rest of the house is cleaned "as needed." Acknowledged that the oven could</p>	9 146		

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9 146	<p>Continued From page 6</p> <p>benefit from an as needed cleaning. When asked about a cleaning log or a maintenance log, HM stated he did not have that type of documentation.</p> <p>On 02/21/25 at 02:00 PM, an interview was done with the Program Director (PD) in her office. PD confirmed that the home should be routinely cleaned and maintained. PD also stated that there was a Residential Cleaning Schedule checklist that informs home staff what areas need a routine cleaning, and how often. Review of the Residential Cleaning Schedule checklist noted the following under Overnight Shift/Cleaning Tasks (Bi-Monthly):</p> <p>"Clean oven ... Clean ceiling fans ..."</p> <p>Review of the provider's Repair and Maintenance policy and procedure, last revised 10/2022, revealed the following:</p> <p>" ... facilities shall be maintained in good repair to reflect an environment which promotes the health, safety and independence of all clients ... Maintenance items to be reviewed include condition of appliances, fixtures ... and aesthetics ..."</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, interview, and record review, the facility failed to comply with Hawaii Administrative Rule §11-99-14(h), as evidenced</p>	9 149		

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9 149	<p>Continued From page 7</p> <p>by observations of caustic cleaning materials kept on a bathroom sink next to clients' mouthwash, stored in an unlocked storage closet in the common area/activity room of the home, and stored in an unlocked cabinet in the laundry room. These areas were accessible to all clients of the home.</p> <p>Findings include:</p> <p>On 02/19/25 at 01:46 PM, during a tour of the home with the House Manager (HM), observed two large containers of liquid laundry detergent, and two large containers of fabric softener/scent pellets on the floor of a storage shed in the common/living room of the home. The storage shed was not locked, and its doors were held closed by a plastic latch.</p> <p>On 02/19/25 at 01:52 PM, as the home tour with HM continued, observed two large cans of cleaning and disinfectant spray on the bathroom sink next to two bottles of clients' mouthwash. Walked to the Laundry Room with HM and noted that it was unlocked. HM stated that each client transported their own clothes to the Laundry Room and confirmed that it was not kept locked. Inside of the Laundry Room, observed bottles of bleach and pine-scented disinfecting liquid stored in a cabinet that was unlocked, and secured with a plastic safety latch.</p> <p>On 02/19/25 at 01:55 PM, observed Client (C)4 open the storage shed in the common/living area unassisted. C4 had the storage shed open and began entering it before HM stopped him from proceeding any further.</p> <p>On 02/21/25 at 02:00 PM, an interview was done with the Program Director (PD) in her office. PD</p>	9 149		

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9 149	Continued From page 8  confirmed that all hazardous chemicals in the home should be kept locked up and inaccessible to clients. PD also stated that there was a Monthly Maintenance Checklist that requires home staff to ensure hazardous chemicals are locked up.  Review of the provider's Repair and Maintenance policy and procedure, last revised 10/2022, revealed the following:  "Maintenance items to be reviewed include ... chemicals and medications are locked."	9 149		
9 225	11-99-26(a)(1) REHABILITATIVE SERVICES  The facility shall provide specialized and supportive rehabilitation services, including occupational therapy, physical therapy, and speech therapy, according to the needs of each resident, either directly by qualified staff or through arrangements with qualified outside resources. Services shall be programmed to:  Preserve and improve the resident's maximal abilities for independent function. This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that 1 of 5 clients (Client 2) received the preventive and general health care she required as evidenced by overdue Speech and Occupational Therapy evaluations. As a result of this deficient practice, Client (C)2 was placed at risk of delayed identification of speech, swallowing, or functional	9 225		

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9 225	<p>Continued From page 9</p> <p>abnormalities and/or decline.</p> <p>Findings include:</p> <p>Client (C)2 is a 72-year-old female with profound intellectual disability admitted to the facility on 08/24/97. Review of C2's most recent Annual Wellness Visit, done on 11/04/24, revealed the following recommendation/order regarding her "Cerebral palsy with full dependence in other [sic] for all ADLs [activities of daily living] ... OT [occupational therapy] evaluation recommended minimum yearly."</p> <p>Further review of C2's medical records noted her last OT evaluation was done on 01/26/24.</p> <p>Review of C2's most recent Annual Wellness Visit, done on 11/04/24, revealed the following recommendation/order regarding her "Aphasia, due to cerebral palsy from birth. Speech therapy evaluation minimum yearly."</p> <p>Further review of C2's medical records noted her last Speech Therapy (ST) evaluation was done on 02/12/24.</p> <p>On 03/03/25 at 02:05 PM, a phone interview was done with Registered Nurse (RN)1. RN1 confirmed that the "yearly" OT and ST evaluations had not been done, stating that moving forward the facility would ask the provider to recommend as needed evaluations only.</p>	9 225		