

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>12G035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE ARC IN HAWAII - EWA C</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>91-824 C HANAKAHI STREET EWA BEACH, HI 96706</b>
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9 000	<p><b>INITIAL COMMENTS</b></p> <p>A re-licensing survey was conducted by the office of Healthcare Assurance on September 26, 2025. The facility was found not in compliance with Title 11, Department of Health Chapter 99.</p> <p>Survey dates: 09/24/25 to 09/26/25.</p> <p>Survey Census: Five Clients.</p> <p>Survey Sample: Three Clients.</p>	9 000		
9 009	<p><b>11-99-4(e) ACTIVE TREATMENT PROGRAM</b></p> <p>The plan shall include all aspects of the resident's program including services provided outside the facility.</p> <p>This Statute is not met as evidenced by: Based on interviews and record review, the facility failed to schedule a follow-up appointment for one of three clients (C) 1 sampled for health screening. This deficient practice potentially placed C1 at risk for illness.</p> <p>Findings Include:</p> <p>C1 is a 26-year-old female who was admitted to the facility on 10/24/24 with a diagnosis that includes but is not limited to moderate intellectual developmental disability, amenorrhea (an abnormal menstrual cycle), and bicornate uterus (a congenital condition characterized by a heart-shaped uterus that has two cavities instead of one).</p> <p>On 09/25/25 at 01:30 PM, a record review C1's specialty appointments revealed that she had an appointment on 02/10/25 with a gynecologist for amenorrhea and a pap smear exam to screen for</p>	9 009		

Office of Health Care Assurance LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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9 009	<p>Continued From page 1</p> <p>cervical cancer. The pap smear was unsuccessful due to C1's discomfort and vaginal irritation due to her low estrogen levels. C1 was prescribed a vaginal cream for local application to improve comfort. A follow up pap smear was to be reattempted later.</p> <p>A review of the quarterly assessment team meeting and nursing progress report's for July-August 2025, revealed there wasn't a follow up appointment made for a pap smear.</p> <p>Interview with the Nursing Manager (NM) on 09/26/25 at 09:30 AM validated that a follow up appointment wasn't made and should have been scheduled, as it is part of C1's health screening.</p> <p>Interview with Intermediate Care Facility Program Manager (ICFPM) on 09/26/25 at 11:30 AM confirmed that a pap smear is part of C1's preventative health screening and should have been made.</p>	9 009		
9 093	<p>11-99-9(d)(2)(C) DIETETIC SERVICES</p> <p>Perishable foods shall be stored at the proper temperatures to conserve nutritive values and prevent spoilage.</p> <p>This Statute is not met as evidenced by: Based on observations, interviews, and review of the facility's policy, the facility failed to store perishable food items in the refrigerator at the proper temperature to prevent spoilage. This deficient practice placed the clients residing in the home at risk for foodborne illness.</p> <p>Findings Include:</p>	9 093		

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9 093	<p>Continued From page 2</p> <p>On 09/24/25 at 12:00 PM, an initial walkthrough of the kitchen with the House Manager (HM) was completed. The refrigerator temperature log from 09/1/25 to 09/24/25 recorded 40 degrees (°) Fahrenheit (F). Observation of the internal refrigerator thermometer read 66° F. Concurrent interview with the HM noted that one of the Clients (C) 1 had been going in and out of the refrigerator to get her drink, which caused the temperature to read higher than the acceptable range. The HM verbalized that the refrigerator temperature checks are done by the night shift staff early every morning.</p> <p>On 09/25/25 at 05:45 AM, observed refrigerator thermometer temperature at 52°F. The Direct Support Professional (DSP) said the temperature was up due to staff opening the refrigerator in preparation for breakfast. The DSP also said she was not able to record the temperature reading on the log that morning. Observations were made between 05:45 AM to 07:00 AM. The refrigerator was unopened and by staff or the Client's. A recheck of the refrigerator thermometer at 07:05 AM read 60° F. The HM agreed that the thermometer was not working properly and would need to be replaced in order to store perishable items at the proper temperature to prevent food spoilage.</p> <p>The facility's "Policy and Procedure for Food Safety and Handling", revised 2024 was reviewed on 09/26/25. In the "Purpose" section, it notes, "To prevent spoilage and preserve nutritive value of food served to the residents ..." In the "Thawing/Defrosting" section, it notes, "Refrigerator should be at 40 degrees ...temperature log should be kept at the door and temperature logged daily. Report to maintenance if temperature is always out of norm."</p>	9 093		

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9 249	<p>11-99-28(d)(1) RESIDENT RECORD SYSTEM</p> <p>Records during stay at the facility shall include:</p> <p>Appropriate authorizations and consents. This Statute is not met as evidenced by: Based on interviews and record review, the agency's human rights committee did not ensure that written informed consent was obtained for an anti-psychotic medication for one of three Clients (C) 1 in the sample. This deficient practice prohibited C1's representative from being fully informed of the risk and benefit of the medication.</p> <p>Findings Include:</p> <p>Record review on 09/25/25 at 01:00 PM indicated that C1 had a behavior plan and was prescribed Aripiprazole (an anti-psychotic medication used to decrease aggressive behavior) 2 milligrams (mg) orally every morning. There was no written, informed consent for the use of the medication obtained prior to administration of the medication to C1.</p> <p>Interview with the Nurse Manager (NM) on 09/25/25 at 01:30 PM acknowledged that a written, informed consent was not obtained and was missed.</p> <p>Interview with the Intermediate Care Facility Program Manager (ICFPM) on 09/26/25 at 11:30 AM concurred that a written consent for psychotropic med should have been obtained prior to the administration of medication.</p> <p>The facility's "Policy and Procedure for Obtaining Consents for Psychotropic Medication," dated 2025 reviewed on 09/26/25. In the "Policy" section, it states "Written consents shall be</p>	9 249		

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9 249	Continued From page 4  obtained for psychotropic medication (antipsychotic, antidepressants and antianxiety medications) prior to their use ..."	9 249		