STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G031	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITIES AND RESOURCES, INC (HOUSE 1-B)	**64-1510 KAMEHAMEHA HIGHWAY , WAHIAWA, Hawaii, 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) COMPLETION DATE
W0000	INITIAL COMMENTS A focused fundamental recertification survey was conducted by CertiSurv, LLC on behalf of the Office of Health Care Assurance on 08/05/2024 - 08/07/2024. The facility was found not to be in substantial compliance with the requirement at 42 CFR §440.150, Subpart I, Condition of Participation (CoP) for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). Survey Dates: 08/05/2024 - 08/07/2024 Facility Census: 4 Clients Sample Size: 2 Clients	W0000		
W0125	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3) The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is NOT MET as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to protect the rights of 1 (Client #2) of 2 sampled clients. Findings included: A facility policy titled, "Policy and Procedures for Behavior Management Plan [BMP]," revised 03/21/2023, revealed "3. It is the philosophy of [facility name] that least restrictive measures be used to manage as [sic] client's inappropriate behavior." The policy also indicated, "This will assure the safety and rights of all clients and staff	W0125		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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W0125	Continued from page 1 participating in the [facility name] programs." A "Client Record Review," for Client #2 indicated the client was admitted to the facility on 09/01/1997. Client #2's "Individual Habilitation Plan [IHP]," with a conference date of 04/2024, revealed the client had a medical history that included diagnoses of moderate intellectual disability, cerebral palsy, and obsessive-compulsive disorder. The IHP indicated Client #2 had a positive behavioral support plan that targeted behaviors which included leaving the training area without permission, taking things without permission, intruding on people's personal space by unwanted affectionate displays, entering into other people's rooms without permission, scratching/hitting themselves, temper tantrums, and provoking others by hitting and/or teasing. The IHP also revealed behavioral interventions should focus on replacing the client's targets with appropriate expressive language skills, and calm, cooperative behaviors. The IHP revealed suggested preventative measures included closer supervision, clear directions, consistent limits and expectations, a range of chores and activities to keep the resident occupied, and integrated skills training in expressive language and social interaction. During an observation on 08/05/2024 at 4:34 PM, Caregiver #1 told Client #2 that they had to wash their hands before they could eat dinner. Client #2 tried to grab their food and move it closer to them. Caregiver #1 blocked Client #2's hands from getting to their food. Caregiver #1 moved Client #2's food closer to the middle of the kitchen table, so that Client #2 could not reach it. At 4:35 PM, Client #2 sanitized their hands and proceeded to eat. During a concurrent observation and interview on 08/05/2024 at 5:33 PM, Client #2 was prompted by staff to go on a walk outside with Caregiver #2. At 5:35 PM, Client #2 and Caregiver #2 went outside for a walk. At 5:40 PM, Client #2 was observed standing at the door to the home. Caregiver #1 stated she would unlock the door for the surveyor to leave, and stated, "We lock the door to keep [Client #2] from coming back inside, so [the client] can complete [their] walk goal." During an interview on 08/07/2024 at 10:11 AM, with the Case Manager/Qualified Intellectual Disability	W0125		

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W0125	Continued from page 2 Professional (CM/QIDP) and the Registered Nurse (RN), it was reported that staff placing Client #2's food out of the client's reach and not allowing Client #2 to eat their food until they washed their hands and locking the door to the home restricting Client #2 from entering the home were not appropriate interventions. It was reported that those interventions were not part of Client #2's PBSP approved interventions and were a restriction on Client #2's rights.	W0125		
W0259	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. This STANDARD is NOT MET as evidenced by: Based on record review and interview, the facility failed to ensure comprehensive functional assessments were reviewed annually for 1 (Client #2) of 2 sampled clients. Findings included: Client #2's "Individual Habilitation Plan," with a conference date of 04/2024, revealed Client #2 had a medical history that included diagnoses of moderate intellectual disability, congenital scoliosis, cerebral palsy, obsessive-compulsive disorder, functional dysphagia, conductive hearing loss, diabetes, dysphasia, and allergic rhinitis. The Individual Habilitation Plan revealed Client #2's comprehensive functional assessment resulted in identifying priority areas for active treatment training programs which included training for expressive language, washing and grooming, eating, domestic skills, gross motor, writing, reading, money, and self-administration of medication. Client #2's comprehensive functional assessment revealed the facility completed the assessment on 04/02/2019. The facility was unable to provide documented evidence the comprehensive functional assessment was reviewed annually for Client #2. During an interview on 08/07/2024 at 10:11 AM, with the Case Manager/Qualified Intellectual Disability	W0259		

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W0259	Continued from page 3 Professional (CM/QIDP) and the Registered Nurse (RN), it was reported that the expectation was to review the client's comprehensive functional assessment annually to determine progression in skills and goals. It was reported that they had not completed the comprehensive functional assessment annually for Client #2.	W0259		
W0262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is NOT MET as evidenced by: Based on record review, interview, facility document review, and facility policy review, the facility failed to ensure a Positive Behavior Support Plan (PBSP) and psychotropic medications were reviewed and approved by the Human Rights Committee (HRC) every six months for the use of restrictive interventions for 1 (Client #2) of 2 sampled clients. Findings included: A facility policy titled, "Policy and Procedures for behavior Management Plan," revised 03/21/2023, revealed, "The purpose of this section is to provide minimum standards and procedures for the development, implementation, responsibility, accountability, ongoing monitoring and quality assurance of behavior management plans (BMP)." The policy revealed, "5. A Behavior Management Committee will review and make recommendations regarding the development, implementation and monitoring of all plans using intrusive/restrictive interventions." The policy revealed, "10. All BMPs which use intrusive/restrictive interventions shall: a. Initially be reviewed and recommendations made by a behavior management committee before the BMP implemented; and b. reviewed every 6 months thereafter." Client #2's "Individual Habilitation Plan," with a conference date of 04/2024, revealed the client had a medical history that included diagnoses of moderate intellectual disability, cerebral palsy, and obsessive-compulsive disorder. The Individual	W0262		

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W0262	Continued from page 4 Habilitation Plan indicated Client #2 had a positive behavioral support plan that targeted behaviors which included scratching/hitting themselves, temper tantrums, and provoking others by hitting and/or teasing. Client #2's "Positive Behavior Support Plan," revised on 05/06/2024, revealed a target behavior of hitting/scratching self. The "Use of Restraints" section of the PBSP indicated "Medication treatment as prescribed by the physician" and "Rational for Use: To promote affective stability and decrease risk of danger to self." Client #2's "90-Day Physician's Order Update & Quarterly Pharmacist's Review," dated 04/30/2024, revealed the client was prescribed divalproex sodium extended release (ER) (anticonvulsant sometimes used for treatment of mood disorders) 500 milligrams (mg) for mood stabilization, risperidone (antipsychotic) 1 mg for agitation, and lorazepam (antianxiety)1 mg for mood stabilization. A facility document titled, "Human Rights Committee Minutes," dated 06/20/2019 at 12:00 PM, revealed the committee discussed and approved Client #2's risperidone medication. A facility document titled, "Human Rights Committee Minutes," dated 07/20/2023 at 11:00 AM, indicated, "A. Continue all client's medications." The Human Rights Committee Minutes also indicated they would continue to review medications for all clients who were taking controlled medications with the recommendation of the psychiatrist. The Human Rights Committee Minutes did not reveal which clients and what medications were reviewed. The Human Rights Committee Minutes did not reveal that Client #2's PBSP was reviewed by the committee. The facility did not provide any additional Human Rights Committee Minutes. During an interview on 08/07/2024 at 10:11 AM, with the Case Manager/Qualified Intellectual Disability Professional (CM/QIDP) and the Registered Nurse (RN), it was reported that the psychologist was the person responsible for developing the BMP. It was reported the expectation was for psychotropic medications to be approved yearly by the HRC. It was reported the HRC minutes dated 07/20/2023 were too general and did not indicate what was	W0262		

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W0262	Continued from page 5 reviewed. It was reported the expectation was for the minutes to be more indicative of what client, medication, and plan was reviewed.	W0262		
W0263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is NOT MET as evidenced by: Based on record review, interview, facility document review, and facility policy review, the facility failed to obtain informed consent for the use of psychotropic medication and a Positive Behavior Support Plan (PBSP) for 1 (Client #2) of 2 sampled clients. Findings included: A facility policy titled, "Policy and Procedures for Behavior Management Plan," revised 03/21/2023, revealed, "9. All BMPs [Behavior Management Plans] shall: a. have the written consent of the client, parents (if the client is minor), and legal guardian." Client #2's "Individual Habilitation Plan," with a conference date of 04/2024, revealed the client had a medical history that included diagnoses of moderate intellectual disability, cerebral palsy, and obsessive-compulsive disorder. The Individual Habilitation Plan indicated Client #2 had a PBSP that targeted behaviors which included scratching/hitting themselves, temper tantrums, and provoking others by hitting and/or teasing. Client #2's "Positive Behavior Support Plan," revised on 05/06/2024, revealed a target behavior of hitting/scratching self. The "Use of Restraints" section of the PBSP indicated "Medication treatment as prescribed by the physician" and "Rational for Use: To promote affective stability and decrease risk of danger to self." Client #2's "90-Day Physician's Order Update & Quarterly Pharmacist's Review," dated 04/30/2024, revealed Client #2 was prescribed divalproex sodium extended release (ER) (anticonvulsant sometimes	W0263		

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W0263	Continued from page 6 used for treatment of mood disorders) 500 milligrams (mg) for mood stabilization, risperidone (antipsychotic) 1 mg for agitation, and lorazepam (antianxiety) 1 mg for mood stabilization. A facility document titled, "Human Rights Committee Minutes," dated 06/20/2019 at 12:00 PM, revealed the committee approved Client #2's risperidone 1 mg "as long as there is a consent from the parent or any representative of the family." During an interview on 08/07/2024 at 10:11 AM, with the Case Manager/Qualified Intellectual Disability Professional (CM/QIDP) and the Registered Nurse (RN), it was reported that the psychologist was the person responsible for developing the BMP and getting the approval of medications and informed consent from the guardian. It was reported the expectation was for there to be written informed consent, but that they had been unable to contact Client #2's legal guardian. The facility did not provide evidence of written consent for Client #2's PBSP or their psychotropic medications.	W0263		
W0331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is NOT MET as evidenced by: Based on record review and interview, the facility failed to provide clients with nursing services to ensure an Abnormal Involuntary Movement Screening (AIMS; which is completed to assess the presence and severity of abnormal movements of the face, limbs, and body in patients with tardive dyskinesia. Tardive dyskinesia occurs as a side effect of taking certain medications, like antipsychotics or dopamine agonists) was completed for 1 (Client #2) of 2 sampled clients. Findings included: Client #2's "Individual Habilitation Plan," with a conference date of 04/2024, revealed Client #2 had a medical history that included diagnoses of moderate intellectual disability, cerebral palsy, and obsessive-compulsive disorder. The Individual Habilitation Plan indicated Client #2 had a positive	W0331		

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W0331	Continued from page 7 behavioral support plan that targeted behaviors that included scratching/hitting themselves, temper tantrums, and provoking others by hitting and/or teasing. Client #2's "90-Day Physician Order Update & Quarterly Pharmacist's Review" dated 04/30/2024, revealed the client was prescribed divalproex sodium extended release (ER) (anticonvulsant sometimes used for treatment of mood disorders) 500 milligrams (mg) for mood stabilizer, risperidone (antipsychotic) 1 mg for agitation, and lorazepam (antianxiety) 1 mg for mood stabilizer. Further review revealed there was no documented evidence the facility had completed an AIMS assessment for Client #2. During an interview on 08/07/2024 at 10:11 AM, with the Case Manager/Qualified Intellectual Disability Professional (CM/QIDP) and the Registered Nurse (RN), it was reported that the AIMS assessments should be completed but were not sure who completed them or how often. The RN stated she thought the psychiatrist completed the AIMS assessments and believed they should be completed annually.	W0331		