

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G032		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/12/2024	
NAME OF PROVIDER OR SUPPLIER OPPORTUNITIES AND RESOURCES, INC (HOUSE 1-C)				STREET ADDRESS, CITY, STATE, ZIP CODE 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
E0000	Initial Comments The facility met the Health Safety Requirements of Appendix "Z"; in accordance with 42 CFR §483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities, Emergency Preparedness.			E0000			
W0000	INITIAL COMMENTS A focused fundamental recertification survey was conducted by the Office of Health Care Assurance on 02/21/24 - 02/23/24. 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: 04/10/24 - 04/12/24 Survey Census: 4 Clients Sample Size: 2 Clients			W0000			
W0382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is NOT MET as evidenced by: Based on observation, staff interview and review of policy, the facility failed to lock medications that were kept in the refrigerator. As a result of this deficiency, the clients were at risk for accident hazards. Findings include: During observation of 1C home refrigerator on			W0382			

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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W0382	Continued from page 1 04/10/24 at 03:00 PM, six containers of Latanoprost Ophthalmic Solution eye drops were stored on the door shelf. The eye drops were not locked and the refrigerator was also not locked. On 04/10/24 at 03:15 PM, Caregiver (C) was asked about the unsecured medications. C stated that they did not lock up the refrigerated medications. Review of facility policy on storage and handling of drugs read the following; "General, proper procedures for the storage and handling of drugs shall be followed by the residential staff responsible for the handling or administration of drugs. Storage and shelving, drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation and security as in accordance with ICF/IID Regulations (Chapter 99). All drugs shall be kept under lock and key except when authorized personnel are in attendance. No unauthorized persons shall have access to storage cabinets or areas..."			W0382			