STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G020	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARC IN HAWAII - 6 A	**852 PAAHANA STREET , HONOLULU, Hawaii, 96816**

(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 A focused fundamental recertification survey was conducted by the Office of Health Care Assurance on 06/16/25 - 06/18/25. 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. The facility was found not to be in substantial compliance with the requirement at 42 CFR §483, Subpart I. Survey Dates: 06/16/25 to 06/18/25 Survey Census: 3 Clients Sample Size: 2 Clients	W0000		
W0339	NURSING SERVICES CFR(s): 483.460(c)(4) Nursing services must include other nursing care as prescribed by the physician or as identified by client needs. This STANDARD is NOT MET as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure clients' bowel movements were followed and to monitor clients' bowel movements prior to implementing medical intervention for two of two residents (Client (C) 1 and C2) reviewed for nursing care identified by client needs. This put residents at risk of discomfort and complications related to diarrhea and impaction related to constipation.	W0339		

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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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARC IN HAWAII - 6 A	852 PAAHANA STREET , HONOLULU, Hawaii, 96816

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W0339	Continued from page 1 Findings Include: 1) Review of C1's physician's order for bowel regimen, included lactulose 15 millimeters (ml), 20 ml by mouth twice daily for constipation, hold for loose bowel movement, if ineffective give milk of magnesia, and milk of magnesia 5 ml, take 5 ml by mouth once daily as needed if no bowel movement for three days. On 06/16/25 at 04:42 PM, observation of medication administration for C1 with Home Manager (HM) was done. Observed HM administer lactulose but did not review C1's daily documented bowel movements to ensure her bowel movements were not loose prior to administering the medication or if she did not have a bowel movement for three days to administer milk of magnesia. On 06/17/25 at 09:57 AM, an interview and concurrent record review with Registered Nurse (RN) was done. Review of C1's bowel movement intake/elimination report documented on 06/10/25 to 06/12/25, C1 did not have a bowel movement for three days. RN reported C1 should have gotten milk of magnesia on 06/12/25. Review of C1's medication administration record (MAR) found C1 was not administered milk of magnesia as ordered. 2) Review of C2's physician's order for bowel regimen, include lactulose 15 millimeters (ml), 15 ml by mouth once daily for constipation, hold for loose bowel movement; polyethylene glycol 3350 (MiraLAX) powder, mix 17 grams with 8 ounces of fluid by mouth once daily as needed for constipation; bisacodyl 10 milligrams (mg) suppository, insert one suppository rectally once daily as needed for constipation if MiraLAX is ineffective; and prune juice, take one cup by mouth twice a day as needed if no bowel movement for two days. On 06/17/25 at 05:43 AM, observation of medication administration for C2 with Home Manager (HM) was done. Observed HM administer lactulose but did not review C2's daily documented bowel movements to ensure her bowel movements were not loose prior to administering the medication or review when she had her last bowel movement.	W0339		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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W0339	Continued from page 2 On 06/17/25 at 09:57 AM, an interview and concurrent record review with Nurse Manager (NM) was done. Review of C2's bowel movement intake/elimination report documented on 06/01/25 to 06/07/25, C2 did not have a bowel movement for seven days, and from 06/14/25 to 06/16/25, no bowel movement for three days. NM confirmed C2's as needed medications (bowel regimen) should have been followed for constipation and it was not done.	W0339		
W0368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to ensure medication was administered in compliance with the physician's orders for one of two clients (Client (C) 1) reviewed for medication administration. This puts C1 at risk for adverse effects related to crushing medication that has not been approved by the physician and/or pharmacist. Findings Include: On 06/16/25 at 04:42 PM, a concurrent record review, interview, and observation of medication administration for C1 with Home Manager (HM) was done. Observed HM crush one tablet of atorvastatin 20 milligrams and mix it into pudding. HM administered the crushed medication to C1. Concurrent review of C1's physician's order documented atorvastatin 20 mg tablet, take one tab my mouth daily. HM confirmed the order did not include to crush the medication. On 06/17/25 at 09:57 AM, an interview with Nurse Manager (NM) was done. NM confirmed the physician's order should have included the instruction to crush the medication.	W0368		