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 05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPPORTUNITIES AND RESOURCES, INC (HOUSE 1-C)	**64-1510 KAMEHAMEHA HIGHWAY , WAHIAWA, Hawaii, 96786**

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E0000	Initial Comments The facility was found to be in substantial compliance with 42 CFR §483.475, CoP: Emergency Preparedness for Intermediate Care Facilities for Individuals with Intellectual Disabilities.	E0000		
W0000	INITIAL COMMENTS A recertification survey was conducted by the Office of Health Care Assurance (OHCA) from May 23, 2023 to May 26, 2023. The facility was found to be not in substantial compliance with 42 CFR 483 Subpart I, CoP for Intermediate Care Facilities for Individuals with Intellectual Disabilities. The census at the time of entrance was three clients. Client sample: 2	W0000		
W0258	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iv) The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is being considered for training towards new objectives. This STANDARD is NOT MET as evidenced by: Based on observations, staff interviews, and record reviews (RR), the Qualified Intellectual Disability Professional (QIDP) failed to revise the client's Active Treatment Program (ATP) and Individual Program Plan (IPP) at least annually and as necessary for one of two clients (Client (C)2) sampled. As a result of this deficient practice, C2's IPP was not updated to address changes in his health affecting his functional level. Findings include: On 05/24/23 at 10:35 AM, reviewed C2's Active Treatment Program (ATP) in the IPP section of C2's	W0258		

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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W0258	Continued from page 1 record. The ATP list documented a goal date of 08/2022 for the following program numbers and titles: - 302 Expressive Language - 402 Washing & Grooming (showering) - 402 Washing & Grooming (Teeth Brushing) - 701 Gross Motor Skills (DP) listed twice - 801 Writing - Self-Administration of Medication Review of C2's Health Maintenance Plan, which addresses the client's individual plan to address medical needs documented the plan and Approaches/Interventions were last evaluated on 01/26/22 for identified Problem/Need/Concern areas: - Risk of Stroke - Potential for Falls - Rash, Seborrheic Dermatitis to scalp, Eczema to face, and Psotiasis to arm and scalp - Impaired physical mobility related to neuromuscular involvment & Risk for unilateral neglect related to left hemiparesis - Overweight - Allergic Rhinitis - Hyperlipidemia. On 05/25/23 at 09:46 AM, interviewed the QIDP regarding C2's ATP, IPP, and functional level. The QIDP confirmed C2's IPP had not been updated and should have been. QIDP stated case management	W0258		

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W0258	Continued from page 2 and other duties has made it difficult to update the client's IPP. At the time of survey, the registered nurse was on leave and unavailable for an interview.	W0258		
W0322	PHYSICIAN SERVICES CFR(s): 483.460(a)(3) The facility must provide or obtain preventive and general medical care. This STANDARD is NOT MET as evidenced by: Based on observations, staff interviews, and record reviews (RR), the facility failed to provide preventive care and obtain medical care for one of two (Client (C)2) clients sampled. Compression stockings were not implemented as order by the physician for C2. In another incident, the facility's medical staff was not immediately notified of C2's acute medical condition (low blood pressure, lack of color, nausea, vomiting) which resulted in the delay of medical care. As a result of this deficient practice, clients are at risk for the potential harm, serious adverse harm, and/or death. Findings include: (Cross-Reference to W331- Nursing Staff & W344- Nursing Staff) 1) C2 is a 60-year-old client who was admitted to the facility in 2005 and had a stroke resulting in partial paralysis of the upper and lower limbs on his left side. C2 can assist with transfer, is not fully ambulatory, and is wheelchair (WC) bound. On 05/23/23 at 03:09 PM, observed C2 at home, seated in his WC, and Caregiver (CG)2 removed his shoes, left ankle brace, and socks. Did not observe compression stockings on C2. C2's left foot was a pink-purple in color from his mid-foot to his toes, his foot was swollen below the ankle, the skin on the left side of his left foot was peeling, and had a (healing) sore on the top of his left great toe. C2's right foot had normal coloration with mild swelling below the ankle. Subsequent observations on 05/23/23 at 04:20 PM, 05/24/23 at 05:42 AM, and 05/24/23 at 07:23 AM were made of C2 without compression stockings applied.	W0322		

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W0322	Continued from page 3 On 05/24/23 at 10:30 AM, reviewed C2's charts. A Physician Order dated 03/09/23 documented, "Plan - Get full length bilateral compression stockings. Continue positive PT [Physical Therapy] bid [twice a day]." Nursing progress notes in client's medical chart last updated 01/27/23 documented instructions to, "Elevate left ankle to alleviate pain/discomfort and promote better blood flow." Reviewed C2's Health Maintenance Plan (HMP) in client's medical chart. C2's HMP was last evaluated 01/28/22 and documented instructions to, "Encourage patient to elevate legs when seated when edema or swelling to the lower extremities is apparent. Assist to do PROM [passive range of motion] on the left upper and lower extremities." Application of compression stockings was not documented. On 05/24/23 at 11:59 AM, requested interview with Registered Nurse (RN)1. The Program Coordinator (PC) stated that RN1 had been out of the facility for approximately three weeks but would return on 05/26/23. On 05/24/23 at 12:10 PM, reviewed C2's medical record with the Qualified Intellectual Disabilities Professional (QIDP). QIDP confirmed she had provided the compression stockings for C2 from existing facility medical stock and provided it to C2's caregiver. Inquired if QIDP could provide documentation that the compression stocking was applied and if it was effective with managing C2's swelling. QIDP confirmed the nurse has been doing Quarterly updates and there was no documentation by nursing pertaining to C2's compression stockings in C2's chart. The facility's nurse was on leave at the time of this survey and unavailable for interview despite the QIDP's effort to set up a telephone interview. On 05/24/23 at 12:45 PM, conducted interview and RR of C2's Treatment Administration Record (TAR) with Teacher (T)2 and CG6 in facility classroom. T2 confirmed there was no documentation of a physician's order for compression stockings or record that the compression stocking were applied to C2. Inquired with CG6 regarding the use of compression stockings for C2's swelling. CG6 confirmed she had never seen compression stockings on C2 and did not know of any orders for compression stockings. (Cross Reference to W331-Nursing Services)	W0322		

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W0322	Continued from page 4 2) On 05/24/23 at 01:15 PM, reviewed an incident report for C2's unplanned hospitalization on 06/23/2022. The incident report documented that on 06/23/22 at 03:10 PM, C2's CG reported to the PC and Case Manager (CM) that C2 was having difficulty breathing. PC instructed CG to continue to observe him. C2's blood pressure (BP) was low at 82/54 and he was pale. At 03:30 PM, C2 was on the toilet and CG noted blood on toilet tissue when assisting him. PC instructed CG to observe. At 05:23 PM, C2 vomited before dinner. At 06:27 PM, CG went to change C2 and noticed blood in his undergarments. CG informed PC and PC instructed CG to send C2 to the emergency room (ER). Following arrival at the ER, C2 was transferred to another ER for further assessment. The ER physician diagnosed C2 with gastrointestinal bleeding and acute bronchitis. C2 was kept at the second ER overnight and returned to the facility on 06/24/22 at 08:40 PM. On 05/25/23 at 08:02 AM, interviewed PC regarding C2's transport to hospital on 06/23/22. PC stated that at the time of the incident, neither the Medical Director (MD) nor the facility RN1 were onsite. The incident report did not include documentation that the MD or RN1 were informed of C2's initial symptoms or notified of PC's decision to transport C2 to the ER. On 05/25/23 at 10:10 AM, interviewed the MD regarding C2's hospitalization. The MD stated that he could not recall C2's hospitalization or if he had been called during the incident. The MD stated that either he or the RN should have been contacted as soon as the caregiver noticed C2's initial symptoms. The incident report detailed C2's symptoms and low blood pressure was read to MD. MD confirmed he would have instructed staff to send C2 to the ER immediately (at 03:10 PM).	W0322		
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 observations, staff interviews, and record reviews (RR), nursing staff failed to respond to medical concerns, communicate with other health	W0331		

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W0331	Continued from page 5 care professionals, provide treatments as ordered, and monitor progress for one of two (Client (C)2) clients sampled. C2 was evaluated and ordered compression stockings to reduce swelling of the lower limbs. Facility staff failed to transcribe the physician order and implement the use of compression stockings. As a result of this deficient practice, client(s) are at risk of harm, loss of limb and/or ability to stand, psychosocial harm, and/or death. Findings include: (Cross Reference to W322- Physician Services & W344- Nursing Staff) Multiple observations (05/23/23 at 09:45 AM, 03:09 PM; and 04:20 PM; 05/24/23 at 05:42 AM and 07:23 AM) were made of C2 during which the client did not have compression stockings applied to both legs. During the observation on 05/23/23 at 03:09 PM, the client's left foot observed to be pink-purple color from his toes to the mid-foot and his foot (below the ankle) was swollen. C2's right foot (below the ankle) was mildly swollen. On 05/24/23 at 10:30 AM, reviewed physician orders dated 03/09/23 in client's medical record. A Physician's Order documented, "Plan - Get full length bilateral compression stockings. Continue positive PT [Physical Therapy] bid [twice a day]." Nursing progress notes in client's medical chart last updated 01/27/23 documented instructions to, "Elevate left ankle to alleviate pain/discomfort and promote better blood flow." Reviewed C2's Health Maintenance Plan (HMP) in client's medical chart. C2's HMP was last evaluated 01/28/22 and documented instructions to, "Encourage patient to elevate legs when seated when edema or swelling to the lower extremities is apparent. Assist to do PROM [passive range of motion] on the left upper and lower extremities." Review of the Registered Nurse's (RN)1 progress notes did not contain documentation that C2 received full length compression stocking and were being applied to help alleviate the client's swelling. On 05/24/23 at 11:59 AM, requested an interview with RN1 and was informed by the Program Coordinator (PC) that RN1 has been on an extended leave, approximately 3 weeks, but was expected to	W0331		

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W0331	Continued from page 6 return after the conclusion of this survey (05/26/23). Requested a telephone interview with RN1. At 12:24 PM, surveyors were informed RN1 did not respond to the request. Reviewed C2's medical record on 05/24/23 at 12:10 PM with the Qualified Intellectual Disabilities Professional (QIDP). QIDP stated the compression stockings for the client from on-site medical stock and provided them to one of C2's caregiver. Request documentation that the compression stockings were received by the home staff, application of the compression stockings, or any form of progress note (to include but not limited to nursing progress notes) addressing the use and efficacy with reducing C2's lower limb swelling. On 05/24/23 at 12:45 PM, conducted an interview and RR of C2's Treatment Administration Record (TAR) with Teacher (T)2 and Care Giver (CG)6 in facility classroom. T2 confirmed the Physician's Order was not transcribed into C2's TAR and there was no documentation that staff was applying any type of compression stockings to help alleviate C2's swelling. Inquired CG6 about the compression stockings and CG6 confirmed compression stockings were not being applied to C2 and was unaware of the Physician's Order for the compression stockings. On 05/25/23 at 10:10 AM, reviewed C2's medical record with the Medical Director (MD). MD had evaluated C2's edema on 03/09/23 and wrote orders for compression stockings to reduce the client's swelling in his lower limbs. MD reported RN1 would communicate how the order was implemented and any reassessment via a facility form and confirmed he has not seen a form related to the compression stocking in C2's medical record. MD could not recall any form of follow-up from RN1 or other staff regarding an assessment, reassessment, or monitoring of the use of compression stockings and swelling in both of the client's lower limbs.	W0331		
W0344	NURSING STAFF CFR(s): 483.460(d)(2) The facility must employ or arrange for licensed nursing services sufficient to care for clients' health needs including those clients with medical care plans.	W0344		

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W0344	Continued from page 7 This STANDARD is NOT MET as evidenced by: Based on observations, staff interviews, and record reviews (RR), the facility failed to employ or arrange licensed nursing services sufficient to care for client health needs including assessment and intervention, and meeting client's health care needs in a timely manner (within 24 hours). At the time of this survey, Registered Nurse (RN)1 was on an extended leave of absence and the facility did not have another licensed nurse available to provide care or meet client's health needs. As a result of this deficient practice, client is at a potential risk of harm, negative outcomes, and/or death. Findings include: (Cross-Reference to W331- Nursing Staff) While conducting interviews with facility staff on 05/24/23 at 11:59 AM, surveyors were informed by the Program Coordinator (PC) that RN1 has been out on extended leave for approximately three weeks and is expected to return on 05/26/23. PC stated, RN1 is employed part-time, but is usually available by phone and scheduled days at the facility is not set to specific days and will sometimes come into the facility when the doctor is in. Inquired if the facility has any other licensed nurse available while RN1 is out on leave or vacation, in the event a licensed nurse is needed. PC confirmed the facility does not have or employ any other licensed nursing staff while RN1 is on extended leave or vacation. PC shared that the facility has been trying to hire someone, but no one is applying for the position.	W0344		