

Hawaii Department of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IMR-35		(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
90000	INITIAL COMMENTS A licensure survey was conducted by the State Agency from 04/10/24 through 04/12/24. The facility was found not to be in compliance with Title 11, Chapter 99.			90000			
90194	PHARMACEUTICAL SERVICES CFR(s): 11-99-22(g)(1) All drugs shall be kept under lock and key except when authorized personnel are in attendance. This LICENSURE REQUIREMENT 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 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			90194			

Office of Primary Care and Health Systems Management

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

Hawaii Department of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IMR-35		(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	
90194	Continued from page 1 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..."	90194					
90079	DENTAL SERVICES CFR(s): 11-99-8(c) The facility shall assist each resident to obtain necessary dental care and at least an annual evaluation. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, and record review, the facility failed to provide assistance to obtain necessary dental care to one of the sampled clients (Client (C) 1). C1 is a 61-year-old male admitted to the facility On 06/04/04. C1 has a medical history that includes, but not limited to, moderate intellectual disability, Down syndrome, and history of stroke with left side extremity weakness . Observation was conducted on 04/10/24 at 12:30 PM in the day program. C1 just finished eating lunch and was in the classroom, sitting in his wheelchair. For the next 30 minutes, C1 was not observed performing dental care. A review was conducted of C1's medical record, "Treatment Administration Record for April 1-15, 2024." C1's medical record documented, "Doctor's Order: Tooth Brushing-Brush teeth and gums after every meal to prevent tooth decay and gum disease. Rinse mouth w/water after snack." Staff is noted to have been signing off on the doctor's order at 07:00 AM and 06:00 PM. The 12:00 PM boxes had been left blank since April 1, 2024. Interview was conducted with Day Program Teacher (DPT) on 04/11/24 at 08:40 AM in the classroom.	90079					

Hawaii Department of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IMR-35		(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
90079	Continued from page 2 When asked about staff assisting C1 with teeth brushing in the day program, DPT stated that staff does not perform teeth brushing for C1 while he is in the day program. DPT also added that the caregivers from the house do not pack C1's toothbrush and toothpaste for the day program. DPT agreed that day program staff should be following C1's doctor's order and assist C1 with teeth brushing after eating lunch. Interview was conducted with Program Coordinator (PC). PC stated that the DPT should be following doctor's order and provide dental care for C1 after lunch.			90079			