| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IMR-40 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 03/20/2025 |
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| **OPPORTUNITIES AND RESOURCES, INC (HOUSE 3-A)** | **64-1510 KAMEHAMEHA HIGHWAY , WAHIAWA, Hawaii, 96786** |

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| 90000 | INITIAL COMMENTS<br><br>A licensure survey was conducted by the State Agency from 03/18/25 through 03/20/25. The facility was found not to be in compliance with Title 11, Chapter 99. | 90000 | | |
| 90146 | HOUSEKEEPING<br><br>CFR(s): 11-99-14(e)<br><br>All floors, walls, ceilings, windows,<br><br>furnishings, and fixtures shall be<br><br>kept clean and in good repair.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observations, interview, and record review, the facility failed to provide and ensure a sanitary environment as evidenced by opened and unlabeled food in the dry foods pantry, food stored on the floor of the dry foods pantry, a dirty bathroom floor and poorly cleaned shower chair in one of two bathrooms, and a buildup of dust on various surfaces. As a result of this deficient practice, the clients were exposed to potential sources of illness and/or infection.<br><br>Findings include:<br><br>On 03/18/25, the State Agency (SA) entered the home to conduct an annual recertification survey. The clients (C) of the home include four individuals with intellectual disabilities, one profound, and three mild. The three clients with mild intellectual disabilities are all independently ambulatory and roam around the house at-will.<br><br>1) On 03/18/25 at 02:53 PM, observations were made in one of two bathrooms in the home. Observed deep brown markings on the floor in front of the sink, and a shower chair in the shower with heavily discolored, large, deep brown markings on the seat and seat back in a pattern of where one's body would rest while using the shower chair. | 90146 | | |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| 90146 | Continued from page 1<br><br>At 03:35 PM, an interview was done with Staff (S)4 in the bathroom. S4 stated that bathrooms in the home are cleaned on a daily basis by the night staff. When observing the shower chair, S4 agreed that the shower chair looked like it needed to be thoroughly cleaned. S4 also confirmed that the deep brown markings on the bathroom floor was dirt and should have been cleaned.<br><br>Review of the facility's undated policy and procedure, Repair and Maintenance, revealed the following:<br><br>"The residential and day training program staff must keep the facilities in a safe and sanitary condition."<br><br>Review of the facility's undated policy and procedure, Housekeeping Schedule, revealed the following:<br><br>"A plan shall be made for routine, periodic cleaning of the entire building and premises."<br><br>2) On 03/18/25 at 03:05 PM, observations were made of the dry goods pantry/closet with S4. Observed opened crackers in an unlabeled plastic container, dry cereal in a separate unlabeled plastic container, and a large plastic container of Cheese Balls that were not labeled with an open date, all on shelves. Also observed a large plastic container on the floor of the pantry that contained a small amount of dry white rice. A concurrent interview with S4 was done where S4 confirmed that opened food should be dated when opened and food should not be kept on the floor.<br><br>Review of the facility's undated policy and procedure, Storage and Handling of Food and Nutritional Service, revealed the following:<br><br>"Foods shall be stored in covered containers and labeled."<br><br>"Store food supply at least 2 inches above the floor." | 90146 | | |

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| 90146 | Continued from page 2<br><br>3) On 03/18/25 at 02:56 PM, Observations were made around the living room, kitchen and laundry areas. Observed a buildup of dust on the top of the refrigerator, on top of the television cabinet, on the wall mounted hand sanitizer dispenser and cabinets in the laundry room. S4 acknowledged that there was dust building up on the above mentioned surfaces. | 90146 | | |
| 90149 | HOUSEKEEPING<br><br>CFR(s): 11-99-14(h)<br><br>Sufficient locked storage areas shall<br><br>be provided for all cleaning materials<br><br>and equipment.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observations, interviews, and record review, the facility failed to ensure all cleaning materials were kept in a locked storage as evidenced by observations of caustic cleaning materials kept on the closet floor of an unlocked and unoccupied room in the home and a bucket of laundry detergent kept unsecured in the laundry area. This area was accessible to three of four clients in the home.<br><br>Findings include:<br><br>1) On 03/18/25, the State Agency (SA) entered the home to conduct an annual recertification survey. The clients (C) of the home include four individuals with intellectual disabilities, one profound, and three mild. The three clients with mild intellectual disabilities are all independently ambulatory and freely move about their home as they please.<br><br>On 03/18/25 at 03:40 PM, observation was made, and concurrent interview was done with Staff (S)1 in an unoccupied bedroom S1 identified as the Caregiver's Room. On the floor of the open closet in the unlocked room was a large bottle of bleach and a spray bottle of cleaning/disinfectant spray. When asked, S1 stated that the room was kept locked, however, she did not lock the room as we exited. The SA confirmed that up until leaving the home at 07:30 PM that evening, the Caregiver's Room remained unlocked. | 90149 | | |

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| 90149 | Continued from page 3<br><br>Observations in the home done on 03/19/25 from 05:00 AM to 07:15 AM confirmed that the Caregiver's Room was unlocked and remained unlocked the entire time.<br><br>Review of the facility's undated Hazardous Chemical Policy revealed the following:<br><br>"Hazardous or toxic materials shall be stored in a locked cabinet ..."<br><br>2) On 03/18/25 at 03:01 PM, observed a bucket on the floor of the laundry area in the client's residence. The bucket was labeled, "Laundry Detergent" and the top was covered but not secured. Cover was lifted and revealed the bucket contained a white powdered substance. S4 identified the powdered substance as laundry detergent. When asked if the laundry detergent should be placed in a secured location, S4 said they do not lock it up and just leave it in the laundry area.<br><br>On 03/19/25 at 03:21 PM, and interview was conducted with the Program Manager (PM) in the conference room. PM confirmed that the laundry detergent is to be secured and locked with the other cleaning supplies. | 90149 | | |
| 90151 | INFECTION CONTROL<br><br>CFR(s): 11-99-15(b)<br><br>There shall be appropriate policies<br><br>and procedures written and implemented<br><br>for the prevention and control of<br><br>infections and the isolation of<br><br>infectious residents.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, interview and record review, the facility failed to ensure staff followed infection control practice while assisting one of four clients (Client (C)2) residing in the home. This deficient practice places the clients at increased risk for | 90151 | | |

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| 90151 | Continued from page 4<br>preventable illnesses or infections.<br><br>Findings include:<br><br>On 03/18/25 at 03:22 PM, observations made in the client's residence with Staff (S)1 and S4 providing care after C2 returned from the classroom. C2 came out of the bathroom and was asking S4 for her mouthwash. S4 was assisting another client so C2 asked S1 for assistance. S1 just finished assisting C4 in the bathroom and was still wearing gloves. When C2 asked S1 for her mouthwash, S1 removed her glove and clenched it in her right hand as she opened a drawer to get a set of keys. S1 then proceeded to unlock the supplies cabinet and looked for C2's mouthwash. S1 then gave C2 her mouthwash while still holding the used glove in her right hand. S1 then entered another client's room to check on her, came out immediately, and was no longer holding the used glove.<br><br>On 03/20/25 at 10:52 AM, an interview was conducted with Registered Nurse (RN)1 in the conference room. Shared observation of S1 not performing hand hygiene after removing gloves and after assisting another client. RN1 confirmed that staff are to perform hand hygiene when moving from one client to another and immediately after removing gloves.<br><br>Review of facility policy titled "Policy and Procedures for Infection Control & [and] Prevention of Communicable Diseases" stated, ". . . Handwashing is required after gloves are removed and before providing care to another client. . ." | 90151 | | |
| 90173 | NURSING SERVICES<br><br>CFR(s): 11-99-20(b)(1)<br><br>In facilities with residents certified<br><br>by a physician as not needing nursing<br><br>services, arrangements shall be made<br><br>with a qualified outside resource to<br><br>provide at least the following:<br><br>An assessment of each resident with | 90173 | | |

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| 90173 | Continued from page 5<br><br>recommendations to be carried out in<br><br>the active treatment program.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on interview and record review, the facility failed to ensure the provision of nursing services met the client's needs for one of two clients (Client (C)1) in the active sample as evidenced by unexplained and unintended weight loss that was not addressed in C1's Health Maintenance Plan (HMP). This deficient practice places C1 at risk for physical and functional decline.<br><br>Findings include:<br><br>C1 is a 57-year-old female admitted to the facility on 10/20/04 with diagnoses that include, but are not limited to, profound intellectual disability, epilepsy, autism, dysarthria (difficulty speaking because the muscles you use for speech are weak), and congenital scoliosis (a sideways curvature of the spine).<br><br>A review of C1's Monthly Weight Chart noted that between June and September 2024, C1 lost 10 pounds (going from 160 to 150 pounds), reflecting a 6.2% weight loss in three months. For the next three months, C1 maintained her weight at 150 pounds. Between December 2024 and March 2025 however, C1 lost 9 pounds, going down to 141 pounds, reflecting another 6% weight loss in three months.<br><br>A review of C1's Health Maintenance Plan, last reviewed on 02/17/25, revealed nothing to address that an unexplained weight loss trend had been identified.<br><br>A review of the Physician's Progress Orders/Notes from a follow-up visit with her psychiatrist on 03/05/25 revealed the first documentation identifying that C1's weight loss trend needed to be addressed and included the following:<br><br>"She's lost 9 # [pounds] since we met in Dec [December] ... more thin appearing than I have seen her ..." with the psychiatrist making a referral to | 90173 | | |

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| 90173 | Continued from page 6<br>C1's "PCP [primary care physician] re: [regarding] wt [weight] loss."<br><br>On 03/20/25 at 10:08 AM, an interview was done with the Registered Nurse (RN)1. RN1 stated that she did review the monthly weight chart every month, and had noticed C1's weight loss, but missed that it was trending towards a significant weight loss. RN1 acknowledged that had she noticed, she would have made a referral to the Registered Dietician (RD) consultant and asked the PCP for additional laboratory tests, and possibly an order for a nutritional supplement. | 90173 | | |
| 90175 | NURSING SERVICES<br><br>CFR(s): 11-99-20(c)(1)<br><br>In facilities with residents requiring<br><br>nursing services, the following<br><br>additional care shall be provided:<br><br>Administration and recording of all<br><br>medications and other orders<br><br>prescribed by the physician.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, interview, and record review, the facility failed to ensure that medications for one of four clients (Client (C)2) in the home were administered without error. As a result of this deficient practice, C2 was placed at risk of decreased efficacy and/or absorption of her diabetes medication.<br><br>Findings include:<br><br>On 03/18/25, the State Agency (SA) entered the home to conduct an annual recertification survey. The clients (C) of the home include four individuals with intellectual disabilities, one profound, and three mild.<br><br>On 03/18/25 at 06:53 PM, SA began observations of Staff (S)1 preparing and administering medications. | 90175 | | |

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| 90175 | Continued from page 7<br>At 07:00 PM, observed S1 administer Metformin (a diabetes medication) 500 milligrams, two tablets, to Client (C)2. Review of the Medication Administration Record noted that the Metformin had orders to be given "with breakfast and dinner." Earlier observations documented by the SA confirmed that C2 had completed dinner at 05:11 PM, almost two hours earlier.<br><br>On 03/19/25 at 06:10 AM, observed S3 administer Metformin 500 milligrams, two tablets, to C2. Earlier observations documented by the SA confirmed that C2 had completed breakfast at 05:12 AM (despite the instructions for it to be given with breakfast).<br><br>Interview with Registered Nurse (RN)1 on 03/20/25 at 10:08 AM confirmed that staff have been instructed repeatedly by herself and pharmacy staff the importance of administering medications on time and per the medication orders. | 90175 | | |
| 90194 | PHARMACEUTICAL SERVICES<br><br>CFR(s): 11-99-22(g)(1)<br><br>All drugs shall be kept under lock and<br><br>key except when authorized personnel<br><br>are in attendance.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observations, interviews, and record review, the facility failed to keep all drugs and biologicals locked except when being prepared for administration. This deficient practice left medications accessible to three of four Clients (C) in the home.<br><br>Findings include:<br><br>On 03/18/25, the State Agency (SA) entered the home to conduct an annual recertification survey. The clients of the home include four individuals with intellectual disabilities, one profound, and three mild. The three clients with mild intellectual disabilities are all independently ambulatory and freely move about their home as they please. | 90194 | | |

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| 90194 | Continued from page 8<br>Observations made in the home on 03/19/25 from 05:17 AM to 06:45 AM noted the medication closet consistently left unlocked as Staff (S)3 and S5 conducted morning care and tasks, including medication administration.<br><br>On 03/19/25 at 05:38 AM, an interview was done with S3 at the medication administration table. S3 confirmed that the medication closet should always be kept locked and locked it. At 06:00 AM S3 unlocked the medication closet to prepare medications and left it unlocked.<br><br>At 06:15 AM, S3 departed from the Home, leaving S5 alone with the four clients, with the medication closet remaining unlocked. At 06:45 AM, the medication closet was still observed unlocked.<br><br>Review of the facility's policy and procedure, Storage and Handling of Drugs, last revised 11/29/22, revealed the following:<br><br>"All drugs shall be kept under lock and key ... No unauthorized persons shall have access to storage cabinets or areas ... Cabinets and shelves shall be appropriately labeled and locked."<br><br>Interview with Registered Nurse (RN)1 on 03/20/25 at 10:08 AM confirmed that staff are taught to lock the medication closet between clients. | 90194 | | |
| 90279 | RESIDENT'S RIGHTS<br>CFR(s): 11-99-29(a)(10)<br>Written policies regarding the rights<br>and responsibilities of residents<br>during their stay in the facility<br>shall be established and shall be made<br>available to the resident, to any<br>guardian, next of kin, sponsoring<br>agency or representative payee, and to<br>the public. The facility's policies | 90279 | | |

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| 90279 | Continued from page 9<br>and procedures shall provide that each<br><br>individual admitted to the facility<br><br>shall:<br><br>Be treated with consideration, respect<br><br>and full recognition of their dignity<br><br>and individuality, including privacy<br><br>in treatment and in care.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation and interview, the facility failed to ensure personal privacy was provided for one of four clients (Client (C)1) during treatment and care of her personal needs. This deficient practice placed C1 at risk for embarrassment and shame.<br><br>Findings include:<br><br>On 03/18/25 at 02:50 PM, observation was done in the Home of Staff (S)4 assisting C1 to the restroom. The State Agency (SA) team consisted of one male and one female surveyor that had followed S4 and four clients from the Day Program to the home. The SA made observation of C1 sitting on the toilet bare below the waist, S4 assisting her, and the bathroom door left wide open. At 02:53 PM, observed C1 with all her clothes off in the bathroom, as S4 was assisting her to get into the shower. At this time, observed S4 close the bathroom door for privacy.<br><br>On 03/18/25 at 03:05 PM, an interview was done with S4. S4 confirmed that the bathroom door should have been closed earlier to maintain C1's privacy while on the toilet and while undressing for her shower. | 90279 | | |
| 90005 | ACTIVE TREATMENT PROGRAM<br><br>CFR(s): 11-99-4(a)<br><br>A plan of treatment shall be developed<br><br>and implemented for each resident in<br><br>order to help the residents function | 90005 | | |

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| 90005 | Continued from page 10<br><br>at their greatest physical,<br><br>intellectual, social, emotional, and<br><br>vocational level.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, interview, and record review, the facility failed to maintain a continuous active treatment program, which includes aggressive, consistent implementation of a program which is directed toward the prevention or deceleration of regression or loss of functional status for one of four clients (Client (C)1). This deficient practice places the client at risk for failure to progress, and/or lose skills.<br><br>Findings include:<br><br>C1 is a 57-year-old female admitted to the facility on 10/20/04 with diagnoses that include, but are not limited to, profound intellectual disability, epilepsy, autism, dysarthria (difficulty speaking because the muscles you use for speech are weak), and congenital scoliosis (a sideways curvature of the spine).<br><br>A review of C1's Active Treatment (AT) Program noted the following program to address C1's dysarthria/communication needs, last reviewed 05/01/24:<br><br>"Expressive Language ... will learn to sign for common words using Modified Sign Language."<br><br>A review of the Plans & Approaches for the Expressive Language Program, dated 05/01/24, noted the frequency of training should include two trials in the Day Program (DP) and two trials in the Home, every day. The Modified Sign Language includes signs for sleeping, hungry, feel sick, and thirsty. Documented on the bottom of the Plans & Approaches are two Staff (Staff (S)1 and S6) who were trained on 04/22/24 by the Case Manager (CM) in the Modified Sign Language to be used with C1.<br><br>Observations were done both in the Day | 90005 | | |

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| **OPPORTUNITIES AND RESOURCES, INC (HOUSE 3-A)** | **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 |
|---|---|---|---|---|
| 90005 | Continued from page 11<br>Program/Classroom and in the home on 03/18/25 from 11:00 AM to 07:30 PM, and 03/19/25 from 05:10 AM to 07:40 AM. At no time was anyone observed attempting to communicate with C1 using her Expressive Language program.<br><br>On 03/20/25 at 02:13 PM, an interview was done with CM in the Conference Room. CM confirmed that only two staff members had been trained on the Modified Sign Language to use with C1, and one of them (S6) had retired in December 2024. CM also confirmed that the Modified Sign Language to be used with C1 was different from American Sign Language. CM acknowledged that with only one current staff member trained in the Modified Sign Language, it would be difficult to consistently implement this aspect of C1's AT Program. | 90005 | | |
| 90087 | DIETETIC SERVICES<br><br>CFR(s): 11-99-9(d)(1)(A)<br><br>Menus:<br><br>Shall be written at least one week in<br><br>advance.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, interview, and record review, the facility failed to ensure that meal planning was prepared in advance. Although able to provide evidence of menus prepared in advance, the meal planning did not extend to ensuring the facility had the materials necessary to prepare the planned meals as written. As a result of this deficient practice, six of nine meals served during the survey period had "substitutions" made. Some substitutions were an entirely different meal. This deficient practice places the clients of the facility at risk of not having their nutritional needs met.<br><br>Findings include:<br><br>On 03/18/25, the State Agency (SA) entered the home to conduct an annual recertification survey. The clients (C) of the home include four individuals with intellectual disabilities, one profound, and three mild. | 90087 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IMR-40 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 03/20/2025 |
|---|---|---|---|

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| 90087 | Continued from page 12<br><br>On 03/18/25 at 04:30 PM, an interview was done with Client (C)4 in the home. When asked what she had for breakfast that morning, C4 stated they had hot dogs, French toast, and coffee. A review of the Breakfast Menu for March 2025 posted in the home revealed that the planned menu was fully cooked sausage links, coffee with milk, grapes, and water.<br><br>Observations in the home on 03/19/25 at 05:15 AM noted the breakfast served was hot pockets, banana, and coffee, while the posted menu reflected that kiwi had been planned to be served. Interview with Staff (S)3 at 05:23 AM confirmed that she had to "substitute" bananas because they did not have any kiwis.<br><br>Review of the March 2025 Lunch Menu revealed the following planned for 03/18/25: Roast Turkey with gravy, mashed potatoes, toss salad with dressing, and Jello. Handwritten in was the following: "Substitute Kalua [pork] cabbage, Pears, carrots ..."<br><br>Planned for 03/19/25 was the following: Creole spaghetti, garlic bread, toss salad with dressing, and applesauce. Handwritten in was the following: "Substitute Beef stew macaroni, rice, salad, Jello ..."<br><br>Review of the March 2025 Dinner Menu noted that on 03/18/25 and 03/19/25 the main dishes planned had also been changed and handwritten in to something different. Pork Katsu had been replaced with Teri Meatballs on 03/18/25 and Baked Fish was replaced with Turkey with Gravy on 03/19/25. | 90087 | | |