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 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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90000	INITIAL COMMENTS A relicensing survey was conducted by the Office of Health Care Assurance (OHCA) from May 23 to May 25, 2023. The facility was found not to be in substantial compliance with Title 11, Chapter 99, Subchapter 1. The census at the time of entrance was three clients. Client sample: 2	90000		
90172	NURSING SERVICES CFR(s): 11-99-20(a) Each facility shall provide nursing services in order to meet the nursing needs of residents. This LICENSURE REQUIREMENT 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: 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 are not set to specific days and will sometimes come into the facility when the doctor is in. Inquired if the	90172		

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

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90172	Continued from page 1 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.	90172		
90176	NURSING SERVICES CFR(s): 11-99-20(c)(2) In facilities with residents requiring nursing services, the following additional care shall be provided: Restorative and preventive nursing care including resident education for each resident. This LICENSURE REQUIREMENT 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 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	90176		

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90176	Continued from page 2 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 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	90176		

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90176	Continued from page 3 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.	90176		
90007	ACTIVE TREATMENT PROGRAM CFR(s): 11-99-4(c) The plan shall be reviewed at least quarterly by a qualified mental retardation professional member of the interdisciplinary team who is designated as the coordinator for the resident's plan of care. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, staff interviews, and record reviews (RR), the Qualified Intellectual Disability Professional (QIDP) failed to review the client's Active Treatment Program (ATP) and Individual Program Plan (IPP) at least quarterly 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	90007		

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90007	Continued from page 4 Treatment Program (ATP) in the IPP section of C2's 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	90007		

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90007	Continued from page 5 should have been. QIDP stated case management 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.	90007		