STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G034	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARC IN HAWAII - EWA B	**91-824 B HANAKAHI STREET , EWA BEACH, Hawaii, 96706**

(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 01/28/25 to 01/30/25. 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 on 01/28/25 - 01/30/25. The facility was found not to be in substantial compliance with the requirement at 42 CFR §483, Subpart I. Survey Dates: 01/28/25 to 01/30/25 Survey Census: 5 Clients Sample Size: 3 Clients	W0000		
W0389	DRUG LABELING CFR(s): 483.460(m)(1)(ii) Labeling for drugs and biologicals must include the appropriate accessory and cautionary instructions, as well as the expiration date, if applicable. This STANDARD is NOT MET as evidenced by: Based on observation, interview, and pharmacy policy review, the facility failed to include the expiration date for two of two ophthalmic solutions (eye drops) sampled. As a result of this deficient practice, there is a potential for the client(s) to experience more than minimal physical harm such as a physical reaction (rash/blister etc.) and/or an improperly treated medical issue due to the use of an expired medication(s).	W0389		

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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W0389	Continued from page 1 Findings include: On 01/29/25 at 06:55 AM, conducted a concurrent interview and review of Client (C)2's medication storage bin with House Manager (HM)1. Inspected two bottle of ophthalmic bottle (Refresh Tears and Cyclopentolate 1% (percent) drops). Review of the bottle packaging noted a label documenting the Refresh Tears expired 90 days after the bottle is opened. Inspected the bottle noted a label for the open date/expire date was left blank. Review of the bottle of Cyclopentolate 1% drops confirmed the bottle was not labeled with an open or expiration date. Asked Home Manager (HM)1 to double check both ophthalmic solutions for the open and expiration date. HM1 confirmed both ophthalmic solutions were not labeled with an open and/or expiration date and did not know when the ophthalmic solutions were opened or expire. Conducted an interview and informed Registered Nurse (RN)1 of the two ophthalmic solutions which did not have an open or expired date on 01/30/25 at 11:25 AM. RN1 could not attest if ophthalmic solutions are required to have an expiration/open date and explained the facility had asked the pharmacy to put expiration/open labels on medications needed to be labeled. RN1 was informed that the labels were on the box/solution bottle, but the labels were left blank. RN1 requested an opportunity to speak to the pharmacist. At 12:43 PM, RN1 came into the conference room with a pharmacy form titled "Beyond-Use-Date Table" and confirmed according to the pharmacy's form, ophthalmic solutions should be discarded 90 days after opening. RN1 also confirmed if the open date is not on the label or bottle, the solutions should be discarded for client safety.	W0389		
W0390	DRUG LABELING CFR(s): 483.460(m)(2)(i) The facility must remove from use outdated drugs. This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed to remove outdated/expired drugs from one of two client's medication storage bins sampled. As a	W0390		

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W0390	Continued from page 2 result of this deficient practice, clients are at risk for more than minimal physical harm such as a reaction (skin/eye/rash) and/or untreated/improper treatment of a condition due to the use of an expired medication. Findings include: On 01/29/25 at 06:45 AM, conducted a review of Client (C)2's medication storage bin. House Manager (HM)1 retrieved two plastic medication bins for C2. Noted a tube of Bacitracin ointment had expired on 06/30/24 and was prescribed to C5. Reviewed this observation with HM1, HM1 inspected the Bacitracin ointment, and confirmed the Bacitracin ointment expired on 06/30/24 and should have been disposed. Conducted an interview and informed Registered Nurse (RN)1 of the observation of the expired tube of Bacitracin. RN1 confirmed all outdated/expired medications should have been removed from the medication storage bin and discarded when the medication expired. .	W0390		
W0454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is NOT MET as evidenced by: Based on observation and interview with staff, the facility failed to eliminate opportunities for cross-contamination of infections by ensuring staff remove a scooper left in a container of sugar. As a result of this deficient practice, clients are at risk for more than minimal physical harm related to cross contamination of the sugar and/or exposure to communicable bacteria/viruses. Findings include: On 01/29/25 at 07:03 AM, observed a plastic container on the counter with a scooper inside of it. Asked Home Manager (HM)1 what was in the	W0454		

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W0454	Continued from page 3 container. HM1 explained it was a container of sugar staff use in case one of the client's blood sugar drops. Inquired about the scooper stored inside of the container. HM1 confirmed the scooper should not have been left inside of the container. HM1 removed the scooper and placed it in the sink to be washed. On 01/30/25 at 11:30 AM, conducted an interview with Registered Nurse (RN)1. Informed RN1 of the observation of a scooper stored inside a container of sugar. RN1 confirmed the scooper should not have been stored inside the container and should be washed after each use. RN1 reported the facility had recently completed training encouraging staff to not store scoopers in containers.	W0454		