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 04/13/2023

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 The facility was not in compliance with requirements of 42 CFR 483.475, for Intermediate Care Facilities for Individuals with Intellectual Disabilities, Emergency Preparedness.	E0000		
W0000	INITIAL COMMENTS A recertification survey was conducted by the Office of Health Care Assurance (OHCA) on 04/11/23 to 04/13/23. The facility was not in compliance with Title 42, Part 483, Subpart I. Client Census: 5 Client Sample: 3	W0000		
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 observations and interviews with staff members, the facility failed to ensure a sanitary environment to avoid sources and transmission of infections for five of five clients sampled. Findings include: On 04/11/23 at 02:50 PM, conducted observation of clients at their home. On inspection of clients' bathrooms, found the following in Bathroom (B)1: - The blue vinyl padded mat on top of the shower gurney had numerous cracks. Observed black mildew on the inner filling of the blue vinyl mat which was exposed by the cracks.	W0454		

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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W0454	Continued from page 1 - The rails of the shower gurney had white soap residue and the netting across the railings was worn and appeared brittle with debris (foam particles, skin) lodged in the mesh. - The shower chair had brown residue, rust, and red-colored mold on the seat. The middle section of the chair was bowed such that there was a potential for a client sitting on the chair to suffer skin damage by being caught or pinched between sections. - The shower mat had mildew and brown residue on the surface where the client would stand during a shower. - The floor of the bathroom had red-colored mold in a wide-spread area. Found the following in B2: - The bathtub had mildew on the floor and sides. - The mat in the bathtub had mildew and brown residue on the surface where the client would stand during a shower. - The sink had soap and toothpaste residue. - The floor around the toilet and sink had cobwebs and dust. On 4/12/23 at 07:00 AM, rechecked the condition of client bathrooms at the home and found them to be the same as the previous day. On 4/12/23 at 07:02 AM, conducted concurrent observation and interview with Staff (S)8. (S)8 stated that two clients (client (C) C1 and C2) had used the shower gurney with the padded mat this morning. When asked how shower equipment was disinfected between client uses, S8 stated that it is not disinfected, but rather but washed down, "We use soap and shampoo." S8 also stated that C3 used the shower chair for bathing in B1 while C4 and C5 used the shower in B2. While conducting the interview	W0454		

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W0454	Continued from page 2 with S8, S5 entered the bathroom. Inquired of S5 how shower equipment should be disinfected between clients. S5 confirmed that staff should sanitize shower equipment between clients using bleach solution or bleach wipes. When asked where the bleach solution or bleach wipes were to disinfect bathroom/ shower equipment, S8 nor S5 could locate them. On 4/12/23 at 09:50 AM, conducted interview with Nurse Manager (NM) at the Pearl City Day Center. Shared observations of condition of shower gurney, padded mat, and shower chair. NM confirmed that staff should disinfect shower equipment between uses, the padded mat and netting should be replaced, and that the facility was taking corrective action. On 4/13/23 at 10:35 AM, conducted an interview with Facility Program Manager (PM)1 and shared observations of bathroom and shower equipment at the home. PM1 confirmed that the facility ordered a new padded mat for the shower gurney and delivered the new shower chair to the home.	W0454		
E0015	Subsistence Needs for Staff and Patients CFR(s): 483.475(b)(1) §403.748(b)(1), §418.113(b)(6)(iii), §441.184(b)(1), §460.84(b)(1), §482.15(b)(1), §483.73(b)(1), §483.475(b)(1), §485.542(b)(1), §485.625(b)(1) [(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following: (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following:	E0015		

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E0015	Continued from page 3 (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal. *[For Inpatient Hospice at §418.113(b)(6)(iii):] Policies and procedures. (6) The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following: (iii) The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following: (A) Food, water, medical, and pharmaceutical supplies. (B) Alternate sources of energy to maintain the following: (1) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (2) Emergency lighting. (3) Fire detection, extinguishing, and alarm systems. (C) Sewage and waste disposal. This STANDARD is NOT MET as evidenced by: Based on observations and interviews, the facility failed to ensure the provision of subsistence, water, needs for staff and clients were implemented within the client's residence. Findings include: On 04/11/23 at 02:48 PM, conducted an interview with Staff (S)5 regarding emergency preparedness supplies for clients and staff in the home. S5 showed this surveyor the food supply and client's personal supplies that would last 14 days. Inquired with S5 about the water supply. S5 stated that staff had jugs they could fill for the toilet and other care.	E0015		

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E0015	Continued from page 4 Inquired about a supply of drinkable water. S5 stated there was the jugs for the toilets. This surveyor inquired a second time and asked if there was a supply of bottled water or any jugs of water that the clients could drink. S5 confirmed a second time that there was no supply of bottled water or drinkable water and stated drinkable water/water bottles was not on the list (emergency preparedness) and they only had jugs to fill up from the bathtubs. On 04/13/23 at 10:05 AM, conducted an interview with the Facility Program Manager (PM)1. Informed PM1 of this surveyor's observation and interview with S5 regarding no supply of drinkable water. PM1 confirmed there should be a 14-day supply of drinkable water at the client's residence and the house supply consists of bottles of water. Later, PM1 stated that he/she spoke to S5 and S5 stated the bottles of water were being stored in his/her residence and not in the emergency supply cabinet.	E0015		