STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G036	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARC OF MAUI - HALE KIHEI	**179 HALE KAI STREET 140 N MARKET ST, SUITE 202B, WAILUKU, HI 96793, KIHEI, Hawaii, 96753**

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E0000	Initial Comments A focused fundamental recertification survey was conducted by the Office of Health Care Assurance on 02/19/25 - 02/21/25. 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 02/19/25 - 02/21/25. The facility was found not to be in substantial compliance with the requirements at 42 CFR §483, Subpart I, at the standard level. Survey Dates: 02/19/25 - 02/21/25 Survey Census: 5 Clients Sample Size: 3 Clients Supplemental Clients: 1 Client	W0000		
W0108	COMPLIANCE W FEDERAL, STATE & LOCAL LAWS CFR(s): 483.410(b) The facility must be in compliance with all applicable provisions of Federal, State and local laws, regulations and codes pertaining to safety, and This STANDARD is NOT MET as evidenced by: §11-99-14 Housekeeping. (h) Sufficient locked storage areas shall be provided for all cleaning materials and equipment. Based on observation, interview, and record review,	W0108		03/28/2025

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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W0108	Continued from page 1 the facility failed to comply with Hawaii Administrative Rule §11-99-14(h), as evidenced by observations of caustic cleaning materials kept on a bathroom sink next to clients' mouthwash, stored in an unlocked storage closet in the common area/activity room of the home, and stored in an unlocked cabinet in the laundry room. These areas were accessible to all clients of the home. Findings include: On 02/19/25 at 01:46 PM, during a tour of the home with the House Manager (HM), observed two large containers of liquid laundry detergent, and two large containers of fabric softener/scent pellets on the floor of a storage shed in the common/living room of the home. The storage shed was not locked, and its doors were held closed by a plastic latch. On 02/19/25 at 01:52 PM, as the home tour with HM continued, observed two large cans of cleaning and disinfectant spray on the bathroom sink next to two bottles of clients' mouthwash. Walked to the Laundry Room with HM and noted that it was unlocked. HM stated that each client transported their own clothes to the Laundry Room and confirmed that it was not kept locked. Inside of the Laundry Room, observed bottles of bleach and pine-scented disinfecting liquid stored in a cabinet that was unlocked, and secured with a plastic safety latch. On 02/19/25 at 01:55 PM, observed Client (C)4 open the storage shed in the common/living room unassisted. C4 had the storage shed open and began entering it before HM stopped him from proceeding any further. On 02/21/25 at 02:00 PM, an interview was done with the Program Director (PD) in her office. PD confirmed that all hazardous chemicals in the home should be kept locked up and inaccessible to clients. PD also stated that there was a Monthly Maintenance Checklist that requires home staff to ensure hazardous chemicals are locked up. Review of the provider's Repair and Maintenance policy and procedure, last revised 10/2022, revealed the following:	W0108		03/28/2025

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W0108	Continued from page 2 "Maintenance items to be reviewed include ... chemicals and medications are locked."	W0108		03/28/2025
W0109	COMPLIANCE W FEDERAL, STATE & LOCAL LAWS CFR(s): 483.410(b) The facility must be in compliance with all applicable provisions of Federal, State and local laws, regulations and codes pertaining to sanitation. This STANDARD is NOT MET as evidenced by: §11-99-14 Housekeeping. (e) All floors, walls, ceilings, windows, furnishings, and fixtures shall be kept clean and in good repair. Based on observation, interview, and record review, the facility failed to comply with Hawaii Administrative Rule §11-99-14(e), as evidenced by observations of a dirty oven used to prepare client meals, and a light fixture on the ceiling fan in the common/living room covered with cobwebs. Findings include: On 02/20/25 at 06:29 AM, observed the ceiling fan/light fixture in the common/living room with several cobwebs on the part closest to the clients. On 02/20/25 at 09:27 AM, observed oven to be dirty with foil-covered cookie sheet with debris on it forgotten in there. Glass on oven door is so dirty it cannot be seen through. On 02/20/25 at 10:25 AM, interview was done with Direct Support Personnel (DSP)2 as the House Manager (HM) had not yet arrived. DSP2 stated the oven is "cleaned quarterly." DSP2 acknowledged that the used cookie sheet should have been removed from the oven after use and acknowledged that the oven appears to need cleaning. On 02/20/25 at 10:55 AM, interview was done with the HM. When asked about routine house maintenance and cleaning, HM explained that the bathrooms and refrigerators are cleaned regularly, the rest of the house is cleaned "as needed." Acknowledged that the oven could benefit from an	W0109		03/28/2025

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W0109	Continued from page 3 as needed cleaning. When asked about a cleaning log or a maintenance log, HM stated he did not have that type of documentation. On 02/21/25 at 02:00 PM, an interview was done with the Program Director (PD) in her office. PD confirmed that the home should be routinely cleaned and maintained. PD also stated that there was a Residential Cleaning Schedule checklist that informs home staff what areas need a routine cleaning, and how often. Review of the Residential Cleaning Schedule checklist noted the following under Overnight Shift/Cleaning Tasks (Bi-Monthly): "Clean oven ... Clean ceiling fans ..." Review of the provider's Repair and Maintenance policy and procedure, last revised 10/2022, revealed the following: " ... facilities shall be maintained in good repair to reflect an environment which promotes the health, safety and independence of all clients ... Maintenance items to be reviewed include condition of appliances, fixtures ... and aesthetics ..."	W0109		03/28/2025
W0268	CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)(i) These policies and procedures must promote the growth, development and independence of the client. This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed to promote the growth, development, and independence of 2 of 5 clients (Clients 1 and 4) by not utilizing all opportunities to teach and reinforce skills, and not encouraging them to complete tasks with as much independence as possible. This deficient practice places the clients at risk for failure to progress and a decreased quality of life. Findings include: On 02/19/25 from 11:24 AM to 12:45 PM, observations were done of the clients on an "outing" to the park.	W0268		03/28/2025

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W0268	Continued from page 4 At 11:24 AM, observed Direct Support Personnel (DSP)2 ask Client (C)4 to carry a large bag from the transport van to the picnic site. DSP2 asked C4 only once, and C4 was happy to comply, proudly and carefully carrying the bag unassisted. At 11:36 AM, observed DSP2 and DSP1 wiping the selected picnic/activity table with disinfectant wipes, without asking or engaging any of the clients to assist. At 12:01 PM, observed DSP2 hand C1 a cup of fruit-flavored yogurt and a tuna sandwich on wheat bread, with which C1 had no difficulty unwrapping/opening and feeding herself. At 12:02 PM, observed C4 was handed a chopped tuna sandwich in a bowl, a cup of fruit-flavored yogurt, and a plastic drinking cup of iced tea, with which C4 had no difficulty feeding himself. At 12:45 PM, observed DSP2 ask C4 to carry two large bags up the hill from the picnic table to the transport van. C4 balanced one large bag on each arm and happily helped unassisted. On 02/20/25 at 07:20 AM, observations were done of C1 and C4 during medication pass. Observed C1 walk to the kitchen sink and wash her own hands with minimal guidance and assistance. Observed C4 carry his medication bowl and spoon to the kitchen sink unassisted. While DSP5 was observed washing the dishes used at medication pass and loading them into the dishwasher, DSP2 was asked if any of the clients are engaged in washing the dishes or loading the dishwasher. DSP2 answered "no." When asked, DSP2 agreed that both C1 and C4 could wash/rinse their own dishes and help load the dishwasher with minimal assistance/supervision at least once per day. On 02/20/25 at 09:12 AM, observed DSP3 washing the breakfast dishes that each client had carried/transported from the dining table to the kitchen sink. No attempts were made to engage any of the clients in rinsing the dishes or loading the dishwasher.	W0268		03/28/2025

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W0322	PHYSICIAN SERVICES CFR(s): 483.460(a)(3) The facility must provide or obtain preventive and general medical care. This STANDARD is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that 1 of 5 clients (Client 2) received the preventive and general health care she required as evidenced by overdue Speech and Occupational Therapy evaluations. As a result of this deficient practice, Client (C)2 was placed at risk of delayed identification of speech, swallowing, or functional abnormalities and/or decline. In addition, the facility failed to ensure Clients were protected from sunburn by providing sunscreen before an "outing." Findings include: 1) Client (C)2 is a 72-year-old female with profound intellectual disability admitted to the facility on 08/24/97. Review of C2's most recent Annual Wellness Visit, done on 11/04/24, revealed the following recommendation/order regarding her "Cerebral palsy with full dependence in other [sic] for all ADLs [activities of daily living] ... OT [occupational therapy] evaluation recommended minimum yearly." Further review of C2's medical records noted her last OT evaluation was done on 01/26/24. Review of C2's most recent Annual Wellness Visit, done on 11/04/24, revealed the following recommendation/order regarding her "Aphasia, due to cerebral palsy from birth. Speech therapy evaluation minimum yearly." Further review of C2's medical records noted her last Speech Therapy (ST) evaluation was done on 02/12/24. On 03/03/25 at 02:05 PM, a phone interview was done with Registered Nurse (RN)1. RN1 confirmed that the "yearly" OT and ST evaluations had not been done, stating that moving forward the facility would ask the provider to recommend as needed	W0322		03/28/2025

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W0322	Continued from page 6 evaluations only. 2) On 02/19/25 from 11:24 AM to 12:45 PM, observations were done of the clients on an "outing" to the park. At 11:24 AM, observed Direct Support Personnel (DSP)2 and DSP1 don (put on) sunglasses as it was a bright, sunny day at the park, and there was no shade. No observations were made of any sunglasses or sunscreen for the clients. On 02/19/25 at 01:53 PM, an interview was done with the House Manager (HM) in the common/living room of the home. State Agency (SA) asked if sunscreen is applied to the clients before taking them out in the sun. HM stated "of course." SA asked where the sunscreen was as no observations were made of it at the park. HM asked DSP1 for the sunscreen who stated there was none and confirmed that sunscreen had not been applied before taking the clients to the park. On 02/20/25 at 06:00 AM, observed DSP4 comment to DSP2 that C5's left leg looked sunburnt. DSP2 confirmed that the Clients had been out in the sun the day before on an outing.	W0322		03/28/2025
W0460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is NOT MET as evidenced by: Based on observation and record review, the facility failed to follow the modified diet prescribed for 1 of 5 clients (Client 2). As a result of this deficient practice, Client (C)2 was placed at risk of an avoidable choking emergency/injury. Findings include: Client (C)2 is a 72-year-old female with profound intellectual disability admitted to the facility on 08/24/97. Review of C2's diet orders noted the following: "10/10/24 Pudding Thick Liquid"	W0460		03/28/2025

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W0460	Continued from page 7 On 02/20/25 at 08:41 AM, observed Direct Support Personnel (DSP)1 assisting C2 with breakfast. DSP1 was feeding C2 a nutrition shake that she had thickened to a pudding consistency, and giving C2 water that she had not thickened at all. On 02/20/25 at 09:00 AM, after C2 began coughing a little, observed DSP2 tell DSP1 that *due to "choking risk."	W0460		03/28/2025
W0475	MEAL SERVICES CFR(s): 483.480(b)(2)(iv) Food must be served with appropriate utensils. This STANDARD is NOT MET as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 5 clients (Client 5) had his food served with appropriate utensils, as evidenced by Client (C)5 not having his adaptive spoon available for meals consumed inside or outside the home. As a result of this deficient practice, C5 failed to have his needs met, and was hindered from maintaining his independence at his highest functional level. Findings include: Client (C)5 is a 41-year-old male with profound intellectual disability admitted to the facility on 05/11/16. Review of C5's Mealtime Skills Assessment and Plan, dated 04/01/24, revealed the following: "List adaptive equipment needs: ... uses an adaptive small spoon with a wide grip handle ..." This document was signed by the House Manager (HM), who also serves as the Qualified Intellectual Disabilities Professional (QIDP), on 04/01/24. Observation of C5 at lunch on 02/19/25 and breakfast on 02/20/25 revealed no utensils with wide grip handles used. On 02/20/25 at 07:08 AM, an interview with Direct	W0475		03/28/2025

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W0475	Continued from page 8 Support Personnel (DSP)2 was done in the kitchen. When asked about about adaptive utensils, DSP2 was unfamiliar with the concept. After the State Agency (SA) gave an explanation, DSP2 stated there were none in the house of which she was aware. On 02/20/25 at 10:55 AM, an interview was done with HM in the kitchen. When asked about adaptive utensils, HM showed the SA a small spoon with a normal thin handle used by C5. HM confirmed that the small spoon with a normal thin handle was the only "adaptive equipment" in the home. On 02/21/25 at 02:23 PM, an interview was done with Registered Nurse (RN)1 in her office. During a concurrent review of C5's Mealtime Skills Assessment and Plan, RN1 confirmed that C5 should have and be using an adaptive spoon with a wide grip handle.	W0475		03/28/2025
W0478	MENUS CFR(s): 483.480(c)(1)(ii) Menus must provide a variety of foods at each meal. This STANDARD is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to have a process in place to ensure that a variety of food was provided during lunch on a client outing, as evidenced by the half cup of fruit cocktail reflected on the menu not being served. This deficient practice, if not corrected, places the clients at risk for nutritional deficiencies. Findings include: On 02/19/25, review of the Week 1 menu revealed the following for the AM SNACK: "Fruited/Low fat Yogurt 1c [cup] ..." The following was listed for lunch: "Tuna Salad on Wheat ... Fruit Cocktail ½ c ..." On 02/19/25 at 09:35 AM, interview with the	W0478		03/28/2025

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W0478	Continued from page 9 Program Director revealed that the Clients of the house "do outings" every Wednesday and are headed to the Pharmacy currently, then will go to the park for their outing. On 02/19/25 at 11:24 AM, arrived at the park with five (5) Clients and three (3) Direct Support Personnel (DSP) from the home. On 02/19/25 at 11:55 AM, observed the following served for lunch: tuna sandwich on wheat bread, pre-packaged cups of fruit flavored yogurt (no fruit mixed in), iced tea and/or water. Confirmed this was the AM snack with lunch. Made no observation of fruit cocktail or an equivalent being served.	W0478		03/28/2025