Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Vilma's Adult Care Home	**CHAPTER 100.1**
Address: **1805 Aupuni Street, Honolulu, Hawaii 96817**	**Inspection Date: May 26, 2015 Annual**

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Medications unsecured in Bedrooms: • Bedroom #1 night stand belonging to Resident [redacted] who was discharged from Vilma's Care Home in [redacted] • Over the counter (OTC) medication found in Resident [redacted] night stand.	Please see attached	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident [redacted] • No documentation regarding [redacted]	Please see attached	
☒	§11-100.1-17 Records and reports. (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary. **FINDINGS** Resident [redacted] • Incident reports from [redacted] kept in resident's file.		

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Date on physical exam illegible: Substitute care giver (SCG) [redacted] **Submit copy with plan of correction (POC).**	Please see attached	

Licensee/Administrator's Signature: Vilma Yun

Print Name: Vilma Yun

Date: 11/8/15

PLAN OF CORRECTION

VILMA'S ADULT CARE HOME

1805 AUPUNI STREET

HONOLULU, HI 96817

Regulations Chapter 100.1

Date of Inspection: May 26, 2015

PLAN OF CORRECTION COMPLETION DATE

11-100.1.15(a) PCG removed the medications from the bedroom right away. Read the hands out on how to dispose medications and followed the instructions given.

In the future, PCG will check the drawers/ nightstand weekly.

PCG will educate the resident's family member that if they bring OTC medications they need to give to the PCG or SCG's not the residents. 5/26/2015

11-100.1 17(c) PCG took out the Incident Reports from the Resident's folder and put it back in the Care Home folder.

In the future, PCG will teach the SCG's how to fill out IR forms. PCG will also teach SCG's that when IR is being filled out, that it goes to Care Home folder not in the Resident's folder and they have to write in the progress note too. 5/26/2015

11-100.1 17 (b) (3)[redacted]

In the future, PCG will document in the progress notes every dressing change, and will be specific of the size and color of the wound and will teach the SCG's as well.

5/28/2015

11-100.1 9(a) Told SCG to ask for a copy of her Physical Exam from her PCP's office for more visible one.

In the future, PCG will check if the SCG's giving copy of their Physical Exam is clear and visible. 5/28/2015

Operator's Signature: 

Print Name: Vilma Yun

Date: 11/03/2015