

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Victoria Expanded Care Home, LLC	CHAPTER 100.1
Address: 94-1381 Hiaai Place, Waipahu, Hawaii 96797	Inspection Date: April 14, 2021 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING  
APR 21 P2:13

Rec'd 4/30/21  
PB

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><b><u>FINDINGS</u></b> Household Member #3 – Annual physical has expired on 2/18/20.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>obtained and please see the attached current annual physical on file for household member #3.</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p style="text-align: center;"><i>4/19/21</i></p> <p style="text-align: center;">21 APR 21 P2:13</p>

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Licensee's/Administrator's Signature: Nicky C. Bagain

Print Name: VICTORIA EXPANDED CARE HOME  
LLC

Date: 04-18-21

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

21 APR 21 P2:13