

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Vicky's	CHAPTER 100.1
Address: 99-1002 D Puumakani Street, Aiea, Hawaii 96701	Inspection Date: August 13, 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
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
X	<p>§11-100.1-10 <u>Admission policies.</u> (d) The Type I ARCH shall only admit residents at appropriate levels of care. The capacity of the Type I ARCH shall also be limited by this chapter, chapter 321, HRS, and as determined by the department.</p> <p><u>FINDINGS</u> Resident #3, #4 – New admissions to facility were prohibited per directive from the Department in July 20, 2020; however, Resident #3 was admitted on 3/4/21 and Resident #4 was admitted on 5/31/21. Resident #3 was discharged on 4/11/21 and Resident #4 continues to reside in the facility.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I have submitted a request to the Department of Health, Office of Health Care Assurance to have <u>New Admission Reinstated</u> in my facility Vicky's Care Home</p> <p>Please see attached copy of my letter dated September 8,2021</p>	9/17/21

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Resident #1 – Special diet, No Concentrated Sweets, for resident not being provided. Special diet menu unavailable.</p> <p>Resident #2 – Special diet, No Added Salt, for resident not being provided. Special diet menu unavailable.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I immediately contact and emailed OHCA Nutritionist. Asking assistant in acquiring the Special diet of Resident 1 and Resident 2. She immediately replied and now helping me and guiding me doing the said Special Menus</p>	<p style="text-align: center;">8/24/21</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Resident #1 – Special diet, No Concentrated Sweets, for resident not being provided. Special diet menu unavailable.</p> <p>Resident #2 – Special diet, No Added Salt, for resident not being provided. Special diet menu unavailable.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future I will clarify which doctors special diet order to follow especially resident no.1. His Endocrinologist who ordered the special diet of 2000ca. No new special diet order since 8/26/20 up to the present. (Pls see attached copy from Endocrinologist of resident no.1). FYI Dr. who did the annual physical of resident 1 was only assisting resident 1 PCP</p> <p>In the future i will put a reminder on each residents chart Physician section a reminders to check any order changes from doctors every after check up, before I file it. Also i will add on my monthly residents chart audit under Physicians order/diet/reg/special/no added salt/NCS. So this deficiency will be prevented to happen again.</p> <p>Please see attached copy Revised Resident Monthly Chart Audit</p>	<p>9/17/21</p> <p style="text-align: right;">STATE OF HAWAII DOH-OSHA STATE LICENSING</p>

Licensee's/Administrator's Signature: Victoria Eischen

Print Name: VICTORIA EISEN

Date: Sept. 17, 2021

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STATE LICENSES

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Licensee's/Administrator's Signature: Victoria Q Eischen

Print Name: Victoria Q Eischen

Date: 8/24/21