

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 22, 2022 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(i) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #2,3,4 – FieldPrint clearance unavailable for review</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SCG #4 Immediately he applied background checked after he arrived from his travel abroad. It's now in process waiting for the result Immediately I will send a copy to OHCA when we received it.</p> <p>Non-Direct Member of the household (SCG #2). Papers and Documents (Change of Status and Residency) still in process Immigration Department Purposes. I instructed her to immediately have a background check and submit a copy to OHCA the moment she receives the documents from the Immigration office.</p> <p>Non-Direct Member of the household (SCG #3) The moment she can obtain a State ID and received it, immediately she will get have the background check and immediately submit a copy to OHCA</p>	<p align="center">9/8/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute Caregiver (SCG) #2,3,4 – FieldPrint clearance unavailable for review</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>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 include DOH Docs. Requirements Personnel (Background Check/Others) in our Care Givers/Staff Audit Chart. So, this deficiency will be prevented recurring.</p> <p>We used this Audit Summary Chart as needed/quarterly/Annually. This tool we can easily monitor who and what documents needed for the Health Department requirements.</p> <p>Please see attached sample copy of our Care Giver's/Staff /Household members Audit Chart 2022</p>	<p>9/27/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> Primary Caregiver (PCG) – No documented evidence of 6 hours of completed annual training sessions</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>To avoid this deficiency recurring, and as a reminder I revised our Care Giver's/Staff Members (Direct/Non-Direct) Audit Chart and include it.</p> <p>Please See Attached Copy of Revised Care Giver's /Staff Members (Direct/Non-Direct) Audit Chart</p>	<p>9/8/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div data-bbox="241 885 304 1169" data-label="Text"> <p>'22 OCT -6 AM 1:06</p> </div> <div data-bbox="346 925 441 1128" data-label="Text"> <p>STATE OF OHIO DEPARTMENT OF HEALTH STATE CAPITAL</p> </div>	<div data-bbox="262 243 315 292" data-label="Image"> </div> <p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><u>FINDINGS</u> Primary Caregiver (PCG) – No documented evidence of 6 hours of completed annual training sessions</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In order for this deficiency to be prevented in the future I will revise and include PCG (6hrs/yr.) continuous learning training in our Care Givers/ Staff Audit Chart. Our facility used this audit summary tools as needed/quarterly/annually to monitor PCG, Staff's (direct/non direct) who needs a continuous training as per Health Department Requirements</p> <p>Please see attached sample copy of our Care Giver's/Staff /Household members Audit Chart 2022</p>	<p>9/27/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1,4 – PCG training unavailable for review</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 immediately I Print the corrected training dates of SCG #1 and SCG #4 for the year 2022. Signed both by Trainor and Trainee. Made a copy for OHCA and filed the origanl copy to PCG/Staff Chart.</p> <p>Please See Attached Copy Of SCG #1 and SCG #4</p>	9/8/2022

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1,4 – PCG training unavailable for review</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To avoid this deficiency recurring in the future I include SCG (yearly training by PCG)in our revise Care Givers/Staff Audit Chart with tentative schedule plan training.</p> <p>We use this Care Giver's/Staff Audit Chart as needed/quarterly/annually to monitor who, when and what an SCG's training needs for the Department of Health. I also instructed my assistant to print the plan schedule I made for SCG's Training for the year 2023 and filed it to our Care Giver Chart file for future references, also all the training plan scheduled I made will be followed.</p> <p>Please see attached sample copy of our Care Giver's/Staff /Household members Audit Chart 2023 with SCG's scheduled training</p>	<p>9/27/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician's order dated 7/6/22 and 8/2/22 states, "acetaminophen 325mg tablet Take 2 Tabs by mouth once per day as needed for pain"; however, medication unavailable for administration.</p>	<p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>1.) The PCP of Resident #1 Ordered to Discontinue Acetamenophen325mg tab PRN) Medication 2.) Immediately I put DC on residents MAR from 8/22/2022 to 8/31/2022 and deleted for the month of September onwards 3.) We asked the PCP to send us a sign copy of Physician's/APRN's Order that the said medication is DC</p> <p>Please see attached copies of the following: 1.) Resident #1 MAR for the month of August 2022 mark DC 2.) Physician's/APRN's Order DISCONTINUE Acetamenophen325mg tab PRN) Medication</p>	<p>8/22/2022</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 7/6/22 and 8/2/22 states, “acetaminophen 325mg tablet Take 2 Tabs by mouth once per day as needed for pain”; however, medication unavailable for administration.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In order for this deficiency not to happen again in the future, I will ask and clarify the Physician/APRN about PRN medication that no longer taken by the patient or no refill of prescription during visit/phone or leave a note online using residents EHR. The facility will also use Resident Appointment Notes when PCG/SCG's assisting the resident's doctors visit so no important details miss. and also I will revise our Reminder tools on Physicians/APRN's orders Checklist and add Clarify PRN Medication (no longer taken/refuse/not needed/no refill of prescription). This checklist tools are attached on the Resident Chart under Physician/APRN Order. We use this as reminders all the time when the resident has Physician's appointments either on physical, phone or virtual.</p> <p>Please see attached sample copy of Resident Appointment Notes. Revised copy Reminder Tools on Physician's/APRN'S Order</p>	<p>9/27/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 – After visit summary with physician states, “hand problem” and “foot problem” as reason for visit on 12/21/21; however, no documentation in progress of illness or injury to hand and foot leading up to physician visit.</p> <p>Resident #1 – After visit summary with physician states, “problem with left middle finger” (trigger finger) as reason for visit on 1/13/22; however, no documentation in progress of finger issues leading up to physician visit.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>I made Appointment Residents Assistant Log Book. If PCG not available to assist the residents doctors appointments, SCG who will assist will log the details (purpose/outcome/result/changes) of the said appointments. This is to ensure everything is recorded on the residents Monthly Progress Notes</p> <p>I revised out Progress Notes (Reminders Residents Chart Checklist and included Summary/Result Resident Visit Doctors</p> <p>Please See Attached Photo Copy of Revised Progress Notes (Reminders Resident Chart Checklist)</p>	<p>9/8/2022</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 – After visit summary with physician states, “hand problem” and “foot problem” as reason for visit on 12/21/21; however, no documentation in progress of illness or injury to hand and foot leading up to physician visit.</p> <p>Resident #1 – After visit summary with physician states, “problem with left middle finger” (trigger finger) as reason for visit on 1/13/22; however, no documentation in progress of finger issues leading up to physician visit.</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 to prevent similar deficiency, I will implement that assisting PCG/SCG's who assisted the resident to his/her doctor's appointments, will make a note using “Resident Appointment Notes” so all important details will be recorded, filed for Monthly Progress Notes.</p> <p>Also, since I can now access Resident's medical record thru online. Checking Doctors Progress Notes is more convenient.</p> <p>Please see attached sample copy of Resident's Appointment Notes Revised Progress Notes (Reminders Residents Chart Checklist and included Purpose/Result Resident Doctors Appointment</p>	<p>9/27/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – Current inventory of resident's possessions unavailable for review</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 instructed SCG/Staff to immediately make and inventory. Update resident #1.Valuable and Clothing possessions. Making sure also the resident is present, aware of the inventory. Make him signed the summary after all the inventory</p> <p>Please See Attached Updated Copy of Resident #1 Clothing and Valuable Form for this year 2022</p>	<p>9/8/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> 22 SEP 12 P3:01 STATE OF TEXAS DEPARTMENT OF PROBATION AND PAROLE STATE CAPITAL BUILDING	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #1 – Current inventory of resident's possessions unavailable for review</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure that this deficiency will not happen again, I revised our Resident Chart Audit and included this. Residents Clothing /Valuable Possession be audited as PRN /Yearly basis</p> <p>Please see Attached Copy of Revised Resident Chart Audit</p>	<p>9/8/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <div style="writing-mode: vertical-rl; transform: rotate(180deg); position: absolute; left: 100px; top: 500px;"> 22 SEP 12 P 3:51 </div> <div style="position: absolute; left: 150px; top: 520px; opacity: 0.5;"> STATE OF OHIO STATE DEPARTMENT OF STATE LICENSING </div>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u></p> <p>No documented evidence a fire drill was performed timely between 6/3/21 and 10/5/21.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>To avoid this deficiency recurring I made an advance Fire Drill Schedule for next year 2023 with designated months and dates to be done quarterly and post it on our bulletin so we will be reminded ahead of time. I also included it to our yearly Care Giver's/Staff Members (Direct/Non-Direct) Audit Chart</p> <p>Please See Attached Copies of our Quarterly Scheduled Dates for Fire Drill Year 2023 Copy of Care Giver's/ Staff Members (Direct/Non-Direct) Audit</p>	<p style="text-align: center;">9/8/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> 22 SEP 12 P3 31 STATE OF CALIFORNIA STATE LIBRARY	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> No documented evidence a fire drill was performed timely between 6/3/21 and 10/5/21.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To avoid this deficiency recurring I made an advance Fire Drill Schedule for next year 2023 with designated months and dates to be done quarterly and post it on our bulletin so we will be reminded ahead of time. I also included it to our yearly Care Giver's/Staff Members (Direct/Non-Direct) Audit Chart</p> <p>Please See Attached Copies of our Quarterly Scheduled Dates for Fire Drill Year 2023 Copy of Care Giver's/ Staff Members (Direct/Non-Direct) Audit</p>	<p>9/8/2022</p>

Licensee's/Administrator's Signature: Victoria Eschen

Print Name: VICTORIA ESCHEN

Date: 9/8/2022

22 SEP 12 P3 31

STATE OF CALIFORNIA
DEPARTMENT OF REVENUE
STATE LICENSES

Licensee's/Administrator's Signature: V. Eischen

Print Name: VICTORIA EISCHEX

Date: OCTOBER 3, 1922

22 OCT -6 AM '26

STATE OF CALIF.
DIV. OF LICENSING
STATE LICENSES