

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Vilas Home Care, Inc	<b>CHAPTER 100.1</b>
<b>Address:</b> 94-1254 Kahuaina Street, Waipahu, Hawaii 96797	<b>Inspection Date:</b> March 15, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE OF HAWAII  
DOH- OHCA  
STATE LICENSING

APR 26 P 4:22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> Primary Care Giver (PCG) – No documented evidence of a current annual tuberculosis clearance by a physician or advanced practice registered nurse (APRN).</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 went to Lanatila branch to obtain a copy of the updated TB clearance.</p>	<p style="text-align: right;">4-21-22</p> <p style="text-align: right;">22 APR 26 P 4:22</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> PCG – No documented evidence of a current annual tuberculosis clearance by a physician or APRN.</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 prevent this from happening again, I will keep checking my document for expired documentation. I will then put it in my calendar or on my phone as a reminders to renew my documents before the expiration same thing with my SCG's and household mem</p>	<p>4-21-22</p> <p>22 APR 26 P 4:22</p> <p>STATE OF HAWAII DOH-DOCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Bedroom #1 – Observed unlabeled “Neosporin” antibiotic ointment unsecured on top of dresser.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>During the inspection the neosporin antibiotic was removed out of patients room and placed in a secured cabinet.</i></p>	<p>4-21-22</p> <p>22 APR 26 P 4 22</p>

STATE OF HAWAII  
 DOH-ORCA  
 STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #3 – No documented evidence of a current annual tuberculosis clearance by a physician or APRN.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I took my client to Lanatilo branch to have his re evaluation of his TB clearance. And now I have documentation of his current annual TB clearance.</p>	<p>22 APR 26 PM 4:22</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LABORATORY</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #3 – No documented evidence of a current annual tuberculosis clearance by a physician or APRN.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>To prevent this from happening again in the future, I will keep a note in the front of the residents' binder that shows when all the clearances are going to expire. I will look at the reminder at the beginning of every month to ensure that the deficiency doesn't happen again.</i></p>	<p>9-19-22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence of a current emergency information sheet for resident in case of emergency.</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;">During the inspection, I did make one resident information sheet for resident no # 1</p>	<p style="text-align: center;">4-21-22</p> <p style="text-align: center;">22 APR 26 P4:22</p> <p style="text-align: center;">STATE OF HAWAII DOH-DEA STATE LIAISON</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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><b>FINDINGS</b> Resident #1 &amp; Resident #2 – No documented evidence of a current inventory of belongings. Last documented inventory of belongings dated back to their respective admission dates.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Did do inventory with all my residents. I did complete. I did complete and documented inventory with all residents including resident #1 &amp; #2.</p>	<p>4-21-22</p> <p>STATE OF HAWAII DOH-012A STATE LICENSES</p> <p>22 APR 26 PM 4:22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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><b>FINDINGS</b> Fire drills not conducted during various times of the day or night during the past twelve (12) months.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I did fire drill at night time this month of March.</p>	<p>4-21-22</p> <p>22 APR 26 P 4:22</p> <p>STATE OF HAWAII DOH-PHSA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b><u>FINDINGS</u></b> Observed unsecured oxygen tank outside of facility, not kept away from heat and elevation.</p>	<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p align="center"><i>I did return the portable oxygen at Queens Hospital and now is out of my facility.</i></p> <p align="right">STATE OF HAWAII DOH-ONCA STATE LICENSE LHO</p>	<p align="center"><i>4-21-22</i></p> <p align="center">22 APR 26 P4:22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b>FINDINGS</b> Resident #4 – Resident resides in bedroom with active black mold due to water damage on bedroom wall and ceiling.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I did have someone come and repair the wall and ceiling and removed the active black mold.</i></p>	<p><i>4-21-22</i></p> <p>22 APR 26 P4:22</p> <p>STATE OF HAWAII DOH-COLA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><b><u>FINDINGS</u></b> Bedroom #5 – Observed paint on ceiling peeling off and sagging above resident's foot of the bed approximately 24 inches by 12 inches.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I did call the handyman and he repaired the ceiling in bedroom no. 2 where the ceiling was peeling off.</i></p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p>	<p><i>4-21-22</i></p> <p>22 APR 26 P4:22</p>

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to my SCG to remind them to check  
 (21) the entire home daily for safety hazards, I will do verbally remind them daily too.

RECEIVED  
 SEP 22 2022

Licensee's/Administrator's Signature: Anabel Vitor

Print Name: Anabel Vitor

Date: 4-21-22

STATE OF HAWAII  
DOH-DHCA  
STATE LICENSING

22 APR 26 P4:23

Licensee's/Administrator's Signature: Anabel Vila

Print Name: Anabel Vila

Date: 9-19-22