

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: R & P Villanueva Adult Residential Care Home	CHAPTER 100.1
Address: 99-058 Ohiaku Street, Aiea, Hawaii 96701	Inspection Date: January 13, 2022 Initial

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
HEALTH CARE ASSURANCE
STATE LICENSING SECTION
22 FEB -8 P 3:19

	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> Household member - No two-step tuberculosis (TB) clearance. Submit a copy with the plan of correction (POC).</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 style="text-align: center;">A copy of 2 step TB clearance of household member obtained and copy attached</p>	<p style="text-align: center;">5-26-22</p> <p style="text-align: center;">22 MAY 26 09:47</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES SAP/11/1/2018</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> Household member - No two-step tuberculosis (TB) clearance. Submit a copy with the plan of correction (POC).</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>I have created a spreadsheet detailing household members document with dates. I will perform monthly check-ups to ensure that my household members have their document updated 2 months prior to expiration date. I will remind them to schedule the appointment and asked them to submit a copy of the document. For new household member I will use a check list. make sure that physical exam acquired prior w/ contact w/ residents</p>	<p style="text-align: right;">5-26-22</p> <p style="text-align: right;">22 MAY 2022</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><u>FINDINGS</u> A bottle of "Mucus & Congestion" was unsecured in the resident area wet bar refrigerator.</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 style="text-align: center;"><i>Bottle was secured and placed in 2nd floor following inspection.</i></p>	<p style="text-align: right;"><i>1/13/2022</i></p> <p style="text-align: right;">22 FEB -8 P 3:19</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LABORATORY</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><u>FINDINGS</u> A bottle of "Mucus & Congestion" was unsecured in the resident area wet bar refrigerator.</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><i>I will train all the SCB's to secure any ^{refrigerated} medication. When I open the refrigerator I will check for unsecured medicines and secure them in a locked box if it's residents medication and placed medication for family members in upstairs refrigerator</i></p> <p style="text-align: right; font-size: small;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p>	<p style="text-align: center; font-size: large;"><i>5-26-22</i></p> <p style="text-align: center; font-size: small;">22 MAY 26 AM 5:57</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> No single use hand drying towels in the hallway lavatory and resident bathroom.</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 style="text-align: center;"><i>Drying towels were placed in each bathroom following inspection.</i></p>	<p style="text-align: center;"><i>1/13/2022</i></p> <p style="text-align: center;">22 FEB -8 P 3:19</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LIQUOR STORE</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> No single use hand drying towels in the hallway lavatory and resident bathroom.</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 we I will make sure that there are single use hand drying towels in bathrooms. I will conduct weekly checks to ensure that hand drying towels are stocked I will re-stock them when supply is low.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE BUILDING</p>	<p style="text-align: right; font-size: large;">1/13/2021</p> <p style="text-align: right;">22 FEB -8 P3:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> The following bedrooms are being used for storage: Bedroom #1 - Family luggage in the closet and large box in the room. Bedroom #2 - Hoyer lift and belongings in the closet. Bedroom #3 - Former resident belongings in the closet.</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 style="text-align: center;"><i>Items were removed after inspection and luggages were sold. Hoyer lift & other belongings were retrieved by former resident.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE ENGINEERING</p>	<p style="text-align: right;"><i>1/13/2022</i></p> <p style="text-align: right;">22 FEB -8 P 3:19</p>

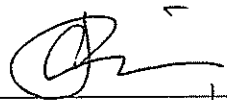
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> The following bedrooms are being used for storage: Bedroom #1 - Family luggage in the closet and large box in the room. Bedroom #2 - Hoyer lift and belongings in the closet. Bedroom #3 - Former resident belongings in the closet.</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 ensure that each resident's bedrooms are used for its intended purposes. Rooms will be cleaned daily to ensure that bedrooms are kept tidy and unnecessary items are stored elsewhere.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LEPROSY</p>	<p style="text-align: right; font-size: large;">1/13/2021</p> <p style="text-align: right;">*22 FEB -8 P 3:19</p>

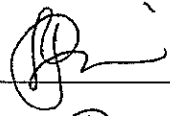
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedroom #3 - No pliable plastic pillow protectors.</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 style="text-align: center;"><i>Pliable plastic pillow protectors have been placed on pillows in bedroom #3</i></p>	<p style="text-align: right;"><i>1/13/2022</i></p> <p style="text-align: center;">22 FEB -8 P 3:19</p> <p style="text-align: center;">STATE OF VERMONT DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedroom #3 - No pliable plastic pillow protectors.</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 style="text-align: center;">I will train all the SGG's that all the pillows has pliable plastic protectors I will check the pillows daily to make sure it has the padding all the pliable pillow protectors.</p> <p style="text-align: right;">STATE OF MICHIGAN DEPT. OF STATE LICENSING</p>	<p style="text-align: center;">5-26-22</p> <p style="text-align: center;">22 MAY 26 NO 58</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><u>FINDINGS</u> Signaling devices in Bedroom #2 and Bedroom #3 were not working properly. They were difficult to activate consistently.</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 style="text-align: center;">Errors in signalling devices in bedroom #2 and #3 have been corrected. Batteries were changed as devices were tested for proper functioning.</p> <p style="text-align: right; font-size: small;">STATE OF VERMONT DEPARTMENT OF HEALTH STATE LICENSING</p>	<p style="text-align: right;">1/13/2022</p> <p style="text-align: right;">22 FEB -8 P 3:19</p>

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Licensee's/Administrator's Signature: 
Print Name: Prexy Villanueva
Date: 2-5-22

Licensee's/Administrator's Signature: 
Print Name: Prexy P. Villanueva
Date: 5-26-22

22 FEB -8 P 3:19
STATE OF HAWAII
DCH-0102
STATE LICENSING