

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 3, 2023 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I)</p> <p>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> Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, SCG #2, SCG #3, SCG #4, Household Member (HM) #1, HM #2, HM #3 – No current documented evidence stating aforementioned care givers and household members eighteen years and older have no prior felony or abuse convictions in a court of law.</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>PCG obtained all the required fingerprinting including all the substitute caregiver (SCG) #1, SCG #2, SCG # 3, SCG #4, Household member (HM) # 1, HM #2, Hm #3 to fix the deficiency last April 17 of 2023 and it was kept or attached at the care home binder with all the fingerprinting result.</p>	<p>April 17, 2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>, (b)(1)(I)</p> <p>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> Primary Care Giver (PCG), Substitute Care Giver (SCG) #1, SCG #2, SCG #3, SCG #4, Household Member (HM) #1, HM #2, HM #3 – No current documented evidence stating aforementioned care givers and household members eighteen years and older have no prior felony or abuse convictions in a court of law.</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, in order to prevent this from happening again, PCG, Victoria Bagain, will mark in the calendar and the reminder notice in the care home binder that all necessary tasks must be completed prior to the annual inspection so that the plan is carried out. PCG implemented this plan for the safeness and security of the residence.</p>	<p>April 17, 2023</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)</p> <p>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> Substitute Care Giver #4: No documented evidence of training received by PCG to make prescribed medications available to residents and properly record such actions. SCG #4 provided care to residents while PCG was on leave from December 13, 2022 to January 10, 2023; and is still currently listed as an SCG.</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>PCG trained the substitute caregiver #4 and other substitute caregiver the proper time and date for the prescribed medication to the residents and to properly record such actions. And PCG made a training form and it was already kept in the care home binder after the inspection.</p>	<p>April 03, 2023</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> Substitute Care Giver #4: No documented evidence of training received by PCG to make prescribed medications available to residents and properly record such actions. SCG #4 provided care to residents while PCG was on leave from December 13, 2022 to January 10, 2023; and is still currently listed as an SCG.</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, in order to prevent this from happening again, PCG already trained the substitute caregiver # 4 to make prescribed medications available to residents and to properly record such actions was already kept in the care home binder. Also, I am going to train all upcoming new substitute caregivers to have an update Caregiving Training form that was kept in the care home binder and to ensure in having a reminder memos with a complete checklist that needs prior for the Annual Inspection.</p>	06/02/2023

Licensee's/Administrator's Signature: 

Print Name: VICTORIA C. BAGAIN

Date: 05/17/23

Licensee's/Administrator's Signature: 

Print Name: Victoria Bagain

Date: 06/02/2023