

Office of Health Care Assurance

23 MAY 23 PM 4:13

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Vilas Carehome Services ARCH/E-ARCH I	CHAPTER 100.1
Address: 94-1254 Kahuaina Street, Waipahu, Hawaii 96797	Inspection Date: March 31, 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>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #4 – Physician assessment dated 1/10/23 states resident's level of care is "Independent." Care home is licensed as a Type I ARCH/Expanded ARCH.</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>I did call the PCP to correct the right LOC for the resident and now I have a copy of the corrected LOC form</i></p>	<p><i>4-26-23</i></p> <p>23 APR 26 P 2:14 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #4 – Physician assessment dated 1/10/23 states resident's level of care is "Independent." Care home is licensed as a Type I ARCH/Expanded ARCH.</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 make sure during the admission, I will double check all documents to make sure it reflects the right LOC of the resident.</i></p>	<p><i>4-26-23</i></p> <p style="text-align: right;">23 APR 26 P 2:14</p> <p style="text-align: right; transform: rotate(-90deg);">STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2 – Physician order dated 7/11/22 for “Cardiac Diet,” however no special diet menu provided.</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>called PCP to clarify patient correct diet, and I am working with my consultant dietitian to develop a cardiac diet for this resident.</i></p>	<p><i>4-26-23</i></p> <p>23 APR 26 P 2:14 STATE OF TEXAS DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2 – Physician order dated 7/11/22 for “Cardiac Diet,” however no special diet menu provided.</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><i>I will make sure to review diet orders upon admission and re-admission to make sure diet order is clear and work with my consultant dietitian to develop the special diet menu.</i></p>	<p><i>4-26-23</i></p> <p>23 APR 26 P2:14</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Observed the following cleaning agents unsecured:</p> <ul style="list-style-type: none"> • Clorox cleaning spray and Windex glass cleaner found unsecured in bathroom sink located in bedroom#2. • Clorox toilet bowl cleaner and Lysol spray found on floor behind toilet of bathroom #1 (main bathroom). <p>PCG secured cleaning agents at inspection.</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>23 NOV 22 04:13</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Observed the following cleaning agents unsecured:</p> <ul style="list-style-type: none"> • Clorox cleaning spray and Windex glass cleaner found unsecured in bathroom sink located in bedroom#2. • Clorox toilet bowl cleaner and Lysol spray found on floor behind toilet of bathroom #1 (main bathroom). <p>PCG secured cleaning agents at inspection.</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>I made sure that everything I go to the patients toilet, I will double check that cleaning supplies that's unsecured will be kept in a storage room with locking door device and will keep educating my caregivers to not leave cleaning stuff in the bathroom.</p>	<p>4-26-23</p> <p>APR 26 P2:14</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> Observed the following unsecured medications:</p> <ul style="list-style-type: none"> • Polyethylene Glycol Powder, Robafen cough syrup, and Dayquil Severe cough syrup found under kitchen island cabinet. • Two unopened bottles of Centrum found in kitchen pantry • One a day women's 50+ vitamin found on bedside table in bedroom #2 <p>Medications were secured by PCG during inspection.</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>23 MAY 22 P 4:12</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> Observed the following unsecured medications:</p> <ul style="list-style-type: none"> • Polyethylene Glycol Powder, Robafen cough syrup, and Dayquil Severe cough syrup found under kitchen island cabinet. • Two unopened bottles of Centrum found in kitchen pantry • One a day women's 50+ vitamin found on bedside table in bedroom #2 <p>Medications were secured by PCG during inspection.</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>I will make sure to double check the cabinet everytime I opened it to make sure that theres no medications unsecured and if theres supplements or medications unsecured will put it right away in the cabinet with a locking device.</p>	<p>4-26-23</p> <p>23 APR 26 P2:10</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – Medication administration record (MAR) for August and September 2022 documents “Ensure Plus Give 120mL PO TID.” No documented evidence of a physician order.</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 did call PCP to ask for a discontinuation of the ensure TID, and now I have a copy of the discontinuation order for the ensure plus.</p>	<p>4-26-23</p> <p>23 Apr 26 P2:15</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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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 – Discharge order dated 8/24/22 “Multivitamin & Mineral (Centrum) Take 15mL by mouth one time per day,” however medication is not being made available to resident as evidenced by medication not being documented as being made available to resident in the Medication Administration Record (MAR).</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 did call PCP to inquire if her PCP still wants us to give this medication to resident.</p>	<p>4-26-23</p> <p>23 APR 26 P 2:15</p> <p>STATE LICENSING</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 order dated 8/24/22 for “Cholecalciferol 50mcg (2000 U) capsule. Take 2 cap daily for a month then drop 1 cap daily afterwards.” August - September 2022 MAR does not reflect the “2 cap daily for a month”</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>	

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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 order dated 8/24/22, 11/3/22, 12/29/22, 2/2/23, and 3/23/23 for “Metoprolol Tartrate 25mg. 0.5 tab by mouth twice per day with breakfast and dinner.” MAR from August 2022 to March 2023 states that medication is being administered at “8AM” and “8PM.” MAR does not reflect physician order.</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 - Physician order dated 8/24/22, and 11/3/22 for "Lisinopril 2.5mg take 1 tab by mouth daily" and "Tamsulosin 0.4mg take 1 cap by mouth one time per day." Medications were not observed in MAR from August 25-October 4, 2022.</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(E) Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p><u>FINDINGS</u> Resident #1 – Observed camera in resident's bedroom. No documented evidence of a video surveillance policy.</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>I did remove the camera in the patient room.</i></p>	<p><i>4-26-27</i></p> <p>23 APR 26 P2:15</p> <p>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> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident #3 – Physician order dated 1/10/23 assessed resident as self-preserving, however observed resident in wheelchair during inspection. PCG confirms that resident is wheelchair dependent. No documented evidence that clarification was obtained.</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 did call the PCP to correct the resident's self preservation form and now I have a copy of it.</p>	<p>4-26-23</p> <p>23 APR 26 P 2:16</p> <p>STATE OF MAH STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS Resident #3 – Physician order dated 1/10/23 assessed resident as self-preserving, however observed resident in wheelchair during inspection. PCG confirms that resident is wheelchair dependent. No documented evidence that clarification was obtained.</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>During the admission I will make sure to double check all documents and if PCP did make a mistake will call him and correct it.</p>	<p>4-26-24</p> <p>APR 26 P 2:16</p>

	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><u>FINDINGS</u> Bedroom #1 – Large hole on ceiling approximately 15 inches by 12 inches. Per PCG, she observed mold again and contacted Plumber. Bedroom #1 is currently being occupied by Resident #2 pending construction work.</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 did call my plumber 4-26-23 to fix the problem and now it is fixed.</p>	<p>23 APR 26 P 2:16</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><u>FINDINGS</u> Bedroom #1 – Large hole on ceiling approximately 15 inches by 12 inches. Per PCG, she observed mold again and contacted Plumber. Bedroom #1 is currently being occupied by Resident #2 pending construction work.</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>I make sure that myself, SCG's and household members will check daily for any fire safety or health issues around the facility, as soon as we notice an issue it needs to be fixed right away.</p>	<p>4-26-24</p> <p>23 APR 26 P2:16</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><u>FINDINGS</u></p> <p>Resident #1 – No documented evidence of a six month comprehensive reassessment of expanded resident that was due in February of 2023.</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>I did call my case manager to do the comprehensive assessment per my resident and now I have a copy and placed inside the resident's binder.</i></p>	<p><i>4-26-23</i></p> <p>23 APR 26 P2:17</p> <p>STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a six month comprehensive reassessment of expanded resident that was due in February of 2023.</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><i>I will make sure to call the case management to remind them about the six month comprehensive assessment for the resident.</i></p>	<p><i>4-26-23</i></p> <p>23 APR 26 P2:17</p>

Licensee's/Administrator's Signature: Anabel Vita

Print Name: Anabel Vita

Date: 5-22-23

23 MAY 22 P4:11
STATE OF CALIFORNIA
STATE LUNAR ROOM

Licensee's/Administrator's Signature: Anabel Vilo

Print Name: Anabel Vilo

Date: 4-26-27

STATE OF TEXAS
DEPARTMENT OF
STATE LICENSES

23 APR 26 P2:17