

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 24, 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) 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) #1 – Current Fieldprint clearance unavailable for review. Submit a copy with plan of correction.</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>Since the new household member is waiting for her legal documents to be able to get a background check, the facility reprimanded her to limit visiting the facility, not to stay long, limit the area where she can go, and avoid having close contact with the residents. Until the time she has submitted a copy of her field print to the DOH.</p>	<p>09/18/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(12) 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>If it is deemed necessary by the department, be examined by a physician and/or mental health professional as a condition for continued licensure. The examination shall be specifically oriented to determine if the primary care giver is physically and/or mentally capable of caring for the residents;</p> <p><u>FINDINGS</u> Primary Caregiver (PCG) – Per medical report dated 6/10/23, physician deemed PCG unable to cope with the responsibilities of caring for elderly and disabled persons.</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>Since the former PCG will be removed per the doctor's recommendation. The facility is currently in the process of updating the PCG position. The facility together with the newly appointed PCG is now working on complying with all the necessary requirements so we will be able to continue the service to the elderly and disabled that the DOH entrusted us for 44 years.</p> <p>The care home operator/PCG immediately appoint her son who is with her helping in running the care home for over 20yrs. She immediately wrote a Letter of Indorsement to the DOH office informing the department the facility's future plan and her son's desire in continuing serving the old and disabled person.</p>	09/18/2023

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (g) The substitute care giver who provides coverage for a period greater than one month, shall meet the requirements as set forth in section 11-100.1-8(a).</p> <p><u>FINDINGS</u> SCG #2 – No documented evidence of six (6) hours of annual continuing education completed.</p> <p>Submit proof of six (6) hours of continuing education completed. Completed hours will be credited towards the 2023 inspection only.</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>SCG#2 took a 6hrs continues education for this year 2023 and file the certificate in our Care Home File.</p> <p>Please see attachment a copy SCG 2 6hrs continuous education certificate</p>	09/11/2023

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> Metal stem thermometer for checking food temperatures unavailable</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>Immediately we order/buy a new stem thermometers</p> <p>Please see attached picture of our food thermometer</p>	<p>09/11/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation. (e)</u> A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> Metal stem thermometer for checking food temperatures unavailable</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>To ensure for this deficiency not to occur again we printed a piece of reminder paste it in the kitchen cooking equipment's such as stove, microwave and refrigerator. This is to inform/remind all the caregivers to use the thermometer in cooking/re heating food the resident to 165 degree or more all the time.</p> <p>We also include thermometer on tools and equipment maintenance checklist and daily task list. With this ensuring this deficiency will not occur in the future.</p> <p>Please attached Photo reminder sticker in the facility's cooking area, daily task list</p>	<p>09/18/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Fire drills documented as completed were written in advance. Completed fire drill report dated 12/20/23 was included in fire drill log; current date is 8/24/23.</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>Immediately we omit, reprint and replace the fire drill that has advance drill date to our care home chart, ready for review any time to DOH</p> <p>Please see attach revised copy of Fire Drill for the year 2023</p>	<p>09/11/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(A) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each resident shall be provided for their individual use, a clean bed including spring with mattress, at least thirty six inches wide, of sufficient length and proper height for the resident and to permit an individual in a wheelchair to get in and out of bed unassisted;</p> <p><u>FINDINGS</u> Resident #1 – Bedding contained substantial unwashed blood stains</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>Immediately we remove the bed cover with stains and replace it with a new one.</p>	<p>09/11/2023</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(2) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Windows shall have screens having no less than sixteen meshes per inch.</p> <p><u>FINDINGS</u> Bedroom #1 – Three (3) inch tear in window screen</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>Immediately we change and Installed a new window screen</p>	<p>09/11/2023</p>

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Licensee's/Administrator's Signature: *Victoria Eischen*

Print Name: Victoria Eischen

Date: 09/25/2023