

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Vargas Care Home	CHAPTER 100.1
Address: 94-296 Kahuahela Street, Waipahu, Hawaii 96797	Inspection Date: November 30, 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.

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING

23 DEC 14 AM 06

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p>FINDINGS Resident #2 – No documented evidence of a monthly weight or similar measurement from April 2023 to October 2023.</p> <p>Resident #3 – No documented evidence of a monthly weight or similar measurement from September 2023 to October 2023.</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>I corrected these deficiency by calling my R.N. case manager and she come in showed me how to measure the elbow med arm weight circumference,</i></p> <p style="text-align: right; font-size: small;">STATE OF OHIO BUREAU OF HEALTH SERVICES STATE LICENSING</p>	<p style="text-align: right;"><i>12/12/23</i></p> <p style="text-align: right;">23 DEC 14 08:06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of a monthly weight or similar measurement from April 2023 to October 2023.</p> <p>Resident #3 – No documented evidence of a monthly weight or similar measurement from September 2023 to October 2023.</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>my future plan of my correction, so these deficiency wont happen again is to make me a reminder (my) list on my calendar and also on my administrative book (Vanger Care Home expanded). Also my R. N. Case manager in to visit once a month, and these is one of my reminders too.</i></p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF HEALTH STATE LIBRARIANS</p>	<p style="text-align: right;"><i>12/12/23</i></p> <p style="text-align: right;">23 DEC 14 08:06</p>

Licensee's/Administrator's Signature: Levy Vargas

Print Name: LEVY VARGAS

Date: 12/12/23

23 DEC 14 08:06
STATE OF OKLAHOMA
STATE LICENSING