

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Vilas Carehome Services ARCH/E-ARCH III	CHAPTER 100.1
Address: 2435 Kula Kolea Drive, Honolulu, Hawaii, 96819	Inspection Date: March 19, 2024 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.

2024
MAY -6 P 2:43
OFFICE OF HEALTH CARE ASSURANCE

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-2 Definitions. As used in this chapter: "Cardiopulmonary resuscitation certification", or "CPR certification" means verification that an individual has satisfactorily completed a course provided by a nationally approved source that contains instruction and required participation in an emergency first aid procedure that consists of opening and maintaining a resident's airway, providing artificial ventilation by means of rescue breathing, and providing artificial circulation by means of external cardiac compression.</p> <p><u>FINDINGS</u> Primary care giver: No valid Cardiopulmonary resuscitation certification and first aid.</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 have obtained a copy of my updated CPR + first aid certificate and now placed inside my care home binder.</p>	<p style="text-align: right;">5-24th</p> <p style="text-align: right;">24 MAY-6 P2:43</p> <p style="text-align: right;">STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-2 Definitions. As used in this chapter: "Cardiopulmonary resuscitation certification", or "CPR certification" means verification that an individual has satisfactorily completed a course provided by a nationally approved source that contains instruction and required participation in an emergency first aid procedure that consists of opening and maintaining a resident's airway, providing artificial ventilation by means of rescue breathing, and providing artificial circulation by means of external cardiac compression.</p> <p>FINDINGS Primary care giver: No valid Cardiopulmonary resuscitation certification and first aid.</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 prevent this from happening again in the future, I will place on my calendar the expiration dates of all required documents that need to be updated annually or bi-annually from myself, my SCG's household members and residents, I will place a reminder alert on my phone to check the calendar at the beginning of every month.</p>	<p>5-6-24^{or}</p> <p>24 MAY -6 P2:43</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-2 Definitions. As used in this chapter: "Cardiopulmonary resuscitation certification", or "CPR certification" means verification that an individual has satisfactorily completed a course provided by a nationally approved source that contains instruction and required participation in an emergency first aid procedure that consists of opening and maintaining a resident's airway, providing artificial ventilation by means of rescue breathing, and providing artificial circulation by means of external cardiac compression.</p> <p>FINDINGS Substitute care giver #1: No valid Cardiopulmonary resuscitation certification and first aid.</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 have obtained a copy of my SCG #1 valid CPR + first aid certificates and is now placed inside my camcorder binder.</p> <p style="text-align: right; transform: rotate(-90deg);">STATE OF CONNECTICUT DEPT. OF SOCIAL SERVICES STATE LICENSING</p>	<p style="text-align: right;">5-8-21^{at}</p> <p style="text-align: right;">24 MAY -6 P2:43</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-2 Definitions. As used in this chapter: "Cardiopulmonary resuscitation certification", or "CPR certification" means verification that an individual has satisfactorily completed a course provided by a nationally approved source that contains instruction and required participation in an emergency first aid procedure that consists of opening and maintaining a resident's airway, providing artificial ventilation by means of rescue breathing, and providing artificial circulation by means of external cardiac compression.</p> <p>FINDINGS Substitute care giver #2: No valid Cardiopulmonary resuscitation certification and first aid.</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 have obtained a copy of a valid CPR and first aid for SCG #2 and is now placed inside my carehome binder.</p> <p>STATE OF MD COMMUNITY STATE LICENSING</p>	<p>5-8-24</p> <p>24 MAY -6 P2:43</p>

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'24 MAY -6 P2:43

STATE OF NEW YORK
DEPARTMENT OF
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-2 Definitions. As used in this chapter: "Cardiopulmonary resuscitation certification", or "CPR certification" means verification that an individual has satisfactorily completed a course provided by a nationally approved source that contains instruction and required participation in an emergency first aid procedure that consists of opening and maintaining a resident's airway, providing artificial ventilation by means of rescue breathing, and providing artificial circulation by means of external cardiac compression.</p> <p>FINDINGS Substitute care giver #3: No valid Cardiopulmonary resuscitation certification and first aid.</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 have obtained a copy of my updated CPR first aid certificate and is now placed inside my cone home binder.</p>	<p>5-8-24^a</p> <p>24 MAY -6 P2:43</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-2 Definitions. As used in this chapter: "Cardiopulmonary resuscitation certification", or "CPR certification" means verification that an individual has satisfactorily completed a course provided by a nationally approved source that contains instruction and required participation in an emergency first aid procedure that consists of opening and maintaining a resident's airway, providing artificial ventilation by means of rescue breathing, and providing artificial circulation by means of external cardiac compression.</p> <p><u>FINDINGS</u> Substitute care giver #3: No valid Cardiopulmonary resuscitation certification and first aid.</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 prevent this from happening again in the future I will place on my calendar the expiration dates of all required documents that need to be updated annually & bi-annually from myself, SCG's, household members and residents I will then place a reminder alert on my phone to check for calendar at the beginning of every month.</p>	<p>5-8-24</p> <p>24 MAY -6 P2:AB</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 Nutrition. (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>FINDINGS Resident #2: Physicians diet order of "low potassium diet". No special diet menu available for review.</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 have obtained a new potassium diet menu provided by my dietician and is now located with the other meal menus on the wall.</p>	<p>5-6-24</p> <p>24 MAY -6 P2:43</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (h)(3)(C) Miscellaneous records:</p> <p>When day care clients are permitted in a Type I ARCH, records shall be maintained and include:</p> <p>Emergency information;</p> <p><u>FINDINGS</u> Resident #2: incomplete emergency information sheet.</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 have completed resident #2 emergency information sheet fully and now it placed inside resident #2's chart.</p> <p>STATE OF OHIO DEPARTMENT OF STATE LICENSING</p>	<p>5-6-24</p> <p>24 MAY -6 P2:43</p>

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24 MAY -6 P2:42

STATE OF NEW YORK
DEPT. OF SOCIAL SERVICES
STATE LICENSING

Licensee's/Administrator's Signature: Anabel Vito

Print Name: Anabel Vito

Date: 5-6th-24

24 MAY -6 P2:42
STATE LICENSING
DONOR