Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: **Village Park Adult Residential Care Home LLC**	**CHAPTER 100.1**
Address: **94-101 Kauweke Place, Waipahu, Hawaii 96797**	**Inspection Date: January 14, 2025 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** Household Member (HM) #1 – Tuberculosis (TB) attestation form filled out; however, no documented evidence of positive TB history and no chest x-ray available.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I received the documentation for the negative TB skin test on 01-08-20, and received result negative chest X-ray on 01-08-21. E-mailed TB clearance for Household member. Household member is no longer in the care home since January 19,2025.	04/23/2025

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☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** Household Member (HM) #1 – Tuberculosis (TB) attestation form filled out; however, no documented evidence of positive TB history and no chest x-ray available.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will created a checklist of all required clearances for care givers and household members.I, the primary caregiver will review the checklist every 6 months to ensure that all clearances available and current.I will put a reminder on the front of my care home binder which includes future dates I must review all staff clearances.If someone positive for TB, I will ensure that I have documentation of the positive history, as well as a negative chest x-ray clearing the individual from TB.	04/23/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family. **FINDINGS** Menus did not meet the residents' nutritional needs, as menu did not follow current nutrition guidelines. Menu was low in protein, calcium, fiber, legumes, and healthy fats.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I made a new Menus and emailed to Nutritionist to review/ check if I meet the current nutrition guidelines. Emailed to Annette.Jackson@DOH@Hawaii.gov.	04/23/2025

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☒	§11-100.1-13 Nutrition. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family. **FINDINGS** Menus did not meet the residents' nutritional needs, as menu did not follow current nutrition guidelines. Menu was low in protein, calcium, fiber, legumes, and healthy fats.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will review my menu every Saturday evening. I will mark on my cellphone calendar/wall calendar to remind me to check my menu. I will contact the nutritionist if I need help.	04/23/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. **FINDINGS** No thermometer in refrigerators.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I purchased the thermometer after the visit and put in the refrigerator.	04/23/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. **FINDINGS** No thermometer in refrigerators.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will create a refrigerator temperature log and place it on the front of my fridge to ensure the temperature is appropriate. I will check the temperature daily and that the temperature is less than 45 degrees Fahrenheit.	04/23/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #1 – Most recent medication order for Buspirone HCl, from 11/12/2024 = 10 mg by mouth at bedtime. Medication label = Buspirone HCl 10 mg – take 1 tablet by mouth twice daily. Medication label does not accurately reflect the most recent medication order.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I checked doctor order and the labels is not matches I will provide a written labels that indicate the reflection of the changes of the medication. I called Pharmacy to inform the changes to ensure everything is correct and that there are no discrepancies. Received the new refill from the pharmacy one day after the visitation.	04/23/2025

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☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** Resident #1 – Most recent medication order for Buspirone HCl, from 11/12/2024 = 10 mg by mouth at bedtime. Medication label = Buspirone HCl 10 mg – take 1 tablet by mouth twice daily. Medication label does not accurately reflect the most recent medication order.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will check all doctor's orders to make sure it includes the medication name, frequency, route, and reason for medication especially if it's PRN. I will check the medication orders quarterly and even have one another substitute check after to ensure there are no errors. I will put a reminder note in my MAR binder to remind me to check /review of the resident's medications quarterly.	04/23/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1 – Monthly progress notes do not consistently include observations of the resident's response to medications.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Every month I will write a progress note on each resident's either about their response to medication, treatments, diet, or behavior patterns. If there are no changes I will state resident is tolerating current medications and plan. I will have an in service with all care givers so they know something is documented each month and have my substitute to review my monthly progress note immediately after I completed.	04/23/2025

Licensee's/Administrator's Signature: marilou peralta

Print Name: marilou peralta

Date: Apr 23, 2025