

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Vicky's	CHAPTER 100.1
Address: 99-1002D Puumakani Street, Aiea, Hawaii 96701	Inspection Date: August 26, 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
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered “Furosemide 20mg tablet, 1 tab by mouth daily.” Medication bottle reads “Furosemide 20mg tablet, take 1 tablet by mouth every other day.” Physician order and medication label does not match.</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>The deficiency was immediately corrected by changing the label of the bottle from QoD to Qd. The note direct all the staff to disregard the old QoD (every other day) frequency printed on the pharmacy label and refer exclusively to MAR (Medication Application Record) for the correct QD order.</p> <p>Also we informed the pharmacy and the resident's physician office.</p> <p>Please see attached photo of the corrected medication bottle.</p>	<p>9/4/2025</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of a current annual tuberculosis clearance by a physician or advanced practice registered nurse (APRN) on file.</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>On 8/28/2025, I immediately contacted Resident #2's Primary Care Physician's office to request both a copy of his TB test results and the newly updated Annual Resident TB Test Form. The form has been completed and signed by his Primary Care Physician.</p> <p>The signed 2025 Annual TB Test Form (New) has been received and properly filed in Resident #2's chart folder for record-keeping and compliance.</p>	<p>9/4/2025</p>

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

Print Name: Victoria Eischen

Date: Sep 4, 2025