

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
DEPARTMENT OF HEALTH

Facility's Name: Buenavista Adult Residential Care Home	CHAPTER 100.1
Address: 81-2010 Haku Nui Road, Captain Cook, Hawaii 96704	Inspection Date: September 2, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p>FINDINGS Substitute care giver #1 no current tuberculosis clearance. Please send a copy of the clearance with your plan of correction. (Note: TB test was planted [redacted] and is due to be read [redacted] afternoon after inspection completed.)</p>	<p>Substitute Caregiver #1 TB Test was been checked on [redacted] and at the same time the result was given. In the future I have to make sure to check the due date and need to use a calendar as a reminder.</p>	10/29/2015
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission.</p>	<p>Resident #1 was been completed the assessment. In the future I have to make</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS Resident #1 no primary care givers assessment completed upon admission.</p>	<p>to do the assessment on the newly Resident upon admission, using an admission checklist.</p>	<p>10/29/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident #1, 2-step tuberculosis clearance started and completed after admission.</p>	<p>In the future I have to make sure to complete the important papers such as acquiring 1-2 steps TB Tests clearance on the Resident and to make sure that no communicable diseases from the newly Resident that to be admitted into the care home to be using the admissions link.</p>	<p>10/29/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p>FINDINGS Resident #1 emergency data sheet not correct, medication doses wrong or missing.</p>	<p>Medications was been corrected on the data sheet. In the future make sure that all medication that is written on the data sheet are all correct and complete.</p>	<p>10/29/2015</p>

Licensee/Administrator's Signature:

Sandy M. Buenavista

Print Name:

Sandy M. Buenavista

Date:

Oct. 29, 2015