

Office of Health Care Assurance

State Licensing Section



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Bueno #2	CHAPTER 100.1
Address: 94-916 Kumuao Street, Waipahu, Hawaii 96797	Inspection Date: February 27, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (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.</p> <p><u>FINDINGS</u> Current lunch menu read, "ham deli, orange, white bread, tomato and lettuce." McDonald's cheeseburger, french fries and juice was served. No menu substitutions documented.</p>	<p>[REDACTED]</p> <p>In the future, menu substitutions will be documented in a "Menu Substitution" log as soon as change is made ⁱⁿ the menu.</p>	02/27/15
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals,</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS</p>	<p>[REDACTED]</p> <p>In the future I will cross-check all resident medication log with current physician orders, and prescription bottle labels to ensure all information are the same.</p> <p>[REDACTED]</p> <p>In the future I will cross-check all Resident medication log with current physician orders and prescription labels to ensure all information are the same.</p>	<p>02/27/2015</p> <p>02/27/2015</p>
<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>FINDINGS Resident [REDACTED] no admission assessment completed upon admission.</p>	<p>[REDACTED]</p> <p>In the future I will complete an Admission Assessment form on the day of Resident's admission and file in Resident's folder along with all other admission forms.</p>	<p>02/27/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of</p>	<p>[REDACTED]</p> <p>In the future financial statement forms will be completed by Resident or Responsible party and filed in Resident folder along with other admission forms.</p>	<p>02/27/2015</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS Resident [REDACTED] no signed financial statement upon admission.</p>	(on page 2)	
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p>FINDINGS One (1) box of cereal stored on the kitchen floor. All food items must be at least six (6) inches off the floor.</p>	<p>[REDACTED]</p> <p>In the future all food items will be stored in the kitchen cabinets or pantry immediately after unloading from the vehicle.</p>	02/17/15
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p>FINDINGS No tight fitting cover on kitchen garbage receptacle.</p>	<p>Garbage receptacle in kitchen was replaced with one that closes tightly and opens by pressing down a lever using a foot.</p> <p>In the future I will replace any garbage receptacle immediately after it can no longer close properly with ill-fitting lids</p>	02/28/2015
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(3) Upon admission of a resident, the expanded ARCH licensee</p>		

Rules (Criteria)	Plan of Correction	Completion Date
shall have the following information: Evidence of compliance with the department's uniform tuberculosis policy; FINDINGS 	 In the future I will refer to a checklist of required admissions and thoroughly check for completeness of TB test administration and result, for initial admission and yearly follow-up.	02/27/15 11/05/15

Licensee/Administrator's Signature _____

Print Name _____

Date: 11/03/2015 _____

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	<p>and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS</p> <p>1) [REDACTED]</p> <p>2) [REDACTED]</p>	[REDACTED]	02/28/15
<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>FINDINGS Resident [REDACTED] no admission assessment completed upon admission.</p>	<p>In the future I will refer to a checklist of required admission forms and check off as they^{are} when completed.</p>	02/28/15
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of</p>	<p>(next page)</p>	

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	shall have the following information: Evidence of compliance with the department's uniform tuberculosis policy; FINDINGS 		06/10/15

Licensee/Administrator's Signature



Print Name

Date: 12/20/15