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 9, 2018 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Employee #1 physical examination not date when completed. No current PE on file.	PART 1 **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCP for Employee #1 was contacted on February 13 regarding the missing date on P.E. form. Received instruction from PCP's office to have Employee #1 bring P.E. form to their office so date can be inserted according to their patient file notes.	02/16/2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel. staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Employee #1 physical examination not date when completed. No current PE on file.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future P.E. forms will be thoroughly reviewed for completeness and correctness by ~~by~~ upon receipt by all Carehome staff requiring documentation.	02/16/2018

	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** Employee #1 TB attestation not signed by a physician. No current TB results on record.	PART 1 **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Office of Employee #1's PCP was contacted on 02/13/18 and appointment made to correct missing signature of PCP on TB Attestation form. Employee #1 brought form to PCP's office on 02/16/18 and PCP signed for completion.	02/16/2018

	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** Employee #1 TB attestation not signed by a physician. No current TB results on record.	PART 2 **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, all forms will be thoroughly reviewed by Corehome staff for completeness and correctness upon receipt from person completing the form.	02/16/2018

	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** Employee #2 TB attestation not signed by a physician. No current TB results on record.	PART 1 **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Employee #2 was instructed to make an appointment with her PCP to complete a TB Attestation Form. Call was made on 02/13/2018 for an appointment on 02/24/2018.	02/24/2018

	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** Employee #2 TB attestation not signed by a physician. No current TB results on record.	PART 2 **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, Carehome employees with history of positive TB will be provided with TB Attestation forms. Carehome will keep checklist of required and up-to-date employee documents and review quarterly for completeness.	02/24/2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1 history of positive TB no current TB attestation on file.	PART 1 **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Administrator called Resident #1's PCP for appointment. Upon visit on 02/24/2018, PCP completed and signed TB Attestation form for Resident #1	02/24/2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; **FINDINGS** Resident #1 history of positive TB no current TB attestation on file.	PART 2 **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, Administrator will keep checklist of required documents for all Residents. Administrator will review quarterly to ensure all documents are current, ~~and~~ complete, and on file.	02/24/2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; **FINDINGS** Two wheelchair residents no weight checks, no physician order not to weight residents, and no alternative method of assessing nutritional status.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Administrator contacted PCP's to receive phone order of an alternate means of keeping track of Residents' nutritional intake/status. Was instructed to measure circumference of upper (R) arm.	02/20/2018

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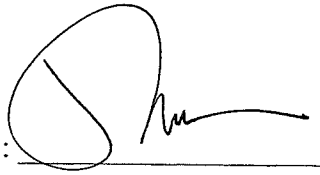
☒	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; **FINDINGS** Two wheelchair residents no weight checks, no physician order not to weight residents, and no alternative method of assessing nutritional status.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future will initiate conversation with Resident PCP's and seek advice as to finding alternates to weight scale as a means of documenting and keeping track of Resident nutritional health.	02/20/2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate; **FINDINGS** Resident #1 no evidence of comprehensive assessment completed by case manager every six months or sooner if needed.	PART 1 **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Administrator notified CM on 02/12/18, and CM will complete six month assessment on routine monthly visit on 02/23/2018.	02/23/2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate; **FINDINGS** Resident #1 no evidence of comprehensive assessment completed by case manager every six months or sooner if needed.	PART 2 **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the fatre, all completed forms received from Resident CM will be reviewed ~~and~~ for completeness and Administrator will verify 6 mouth assessments ~~###~~ are completed asside from mouthly and yearly assessments.	02/23/2018

Licensee's/Administrator's Signature: 

Print Name: Felicitas Caballero

Date: 03/23/2018