

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Bueno #2 (EARCH)	CHAPTER 100.1
Address: 94-916 Kumuao Street, Waipahu, Hawaii 96797	Inspection Date: February 8, 2021 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. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (g) The substitute care giver who provides coverage for a period greater than one month, shall meet the requirements as set forth in section 11-100.1-8(a).</p> <p>FINDINGS PCG, SCG#1, SCG#2 – No continuing education certificates available for review.</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>I corrected the deficiency by contacting on February 9, 2021 ARCA, and reminded them that I never received any of my Continuing Education certificates. Certificates arrived Saturday, February 13, 2021. (E)</p>	<p>02/13/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (g) The substitute care giver who provides coverage for a period greater than one month, shall meet the requirements as set forth in section 11-100.1-8(a).</p> <p><u>FINDINGS</u> PCG, SCG#1, SCG#2 – No continuing education certificates available for review.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future I will set reminders and create checklists for each Continuing Education credits that I earn, and check off the checklist accordingly, for each certificate that I receive. (R) R upon receipt of certificates for the continuing education credits. (R)</p>	02/13/21

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JUL 23 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Medication Administration Record (MAR) has been printed for December 2020 and January 2021 and February 2021 is in the computer. No initialing on MAR when given.</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>I corrected the deficiency by initialing in pen, corresponding box for each medication that is administered, beginning today, Feb 8, 2021. (12)</p>	<p>02/08/2021</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Medication Administration Record (MAR) has been printed for December 2020 and January 2021 and February 2021 is in the computer. No initialing on MAR when given.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In ^{the} future I will immediately initial MAR^{in pen} immediately after administering medications to my Residents. (B)</p>	<p>02/08/2021</p>

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Licensee's/Administrator's Signature:

Felicitas B. Caballero

Print Name:

Felicitas B. Caballero

Date:

July 17, 2021

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