STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Buenavista Adult Residential Care Home	CHAPTER 100.1
Address: 81-2010 Haku Nui Road, Captain Cook, Hawaii 96704	Inspection Date: September 22, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-13 Nutrition. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. FINDINGS One (1) copy of four (4) week menu available. Menu #3 posted in dining area. No menu #3 available for review in kitchen.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Bopy of 4 weeks menu posted on the cork board in the kitchen available for seview.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.	PART 2 <u>FUTURE PLAN</u>	
FINDINGS One (1) copy of four (4) week menu available. Menu #3 posted in dining area. No menu #3 available for review in kitchen.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	I will put a reminder notes on the cork board in the Ketchen.	
	It reads "Check 4 weeks Menu" available @ the Residente Linning	
	area and Litchen.	
	= L also encluded in my things to do lest every month	
	Lest every months = when I wigh Resident to make = when I wigh Resident to make pure Nenw posted in the the pure Nenw posted in the the Peridents dinning area & kitchen.	
	Residents dinning area & kitchen.	≥ Oct 8,50

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. FINDINGS Refrigerator #1 – thermometer read 48° F.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY L bought 4 hur Refregerator digital Thermometer.	act 7, 202,
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date	
	§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.	PART 2 <u>FUTURE PLAN</u>		
	FINDINGS Refrigerator #1 – thermometer read 48° F.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?		
		I put 2 digital Thermometer 2 each in my Ryrigatator in		
		2 each in my kyrryamos in Case that the other is not morking - I also check temperature ones a month when I do check the Smote alarm.	<i>ig.</i>	
		a month when I do check the	» Oct. 8,2	203
		Smoke altern.		
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•			

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-88 Case management qualifications and services. (c)(4) 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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; FINDINGS Resident #1 – care plan entitled "Nutrition" – intervention listed: "Thick it to thicken prn, nectar/honey/pudding consistency as appropriate." However, no physician/APRN order for use of supplement.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes, I talked to my Puridint Case Manager: Updated nutrition Care Plan. Removed "Thick—It to thickms PRN " Since no APRN order ———————————————————————————————————	Oct 8, 2051

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-88 Case management qualifications and services. (c)(4) 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: Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions; FINDINGS Resident #1 – care plan entitled "Nutrition" – intervention listed: "Thick it to thicken prn, nectar/honey/pudding consistency as appropriate." However, no physician/APRN order for use of supplement.	EUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? When she lase Manager comes every month form we will never and discuss fisident care plan so make sure shat she lesidents care needs in addressed. I will make sure all medicaline and treatment all medicaline and treatment must be ordered a sign by she physicians.	DCJ 8, 005

Licensee's/Administrator's Signature: Amy M. Bumay wta	_
Print Name: Sandy M. Buenavista	
Date: 10/8/2021	