

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 8, 2022 - 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.

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-3 Licensing. (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; FINDINGS Substitute care giver (SCG) #1 – no fieldprint background check.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY <i>I talked to my substitute caregiver to call the younger printing office. On Sep. 12, 2022 I received the result of sub-caregiver background check.</i>	<i>9/26/2022</i>

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<input checked="" type="checkbox"/> §11-100.1-3 Licensing. (b)(1)(i) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law. FINDINGS Substitute care giver (SCG) #1 – no fieldprint background check.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? = I made a list of names due date for Fieldprint background pd start on my refrigerator door as a reminder. I also in sorted another reminder on my monthly medication folder including the names, due date of the fieldprint background check. → I also put in my cell phone calendar as a reminder 3 mo. prior to the due date. →	10/11/2022

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. FINDINGS Resident #1 – December 2021 – September 2022 medication record read, “Senna S 50 mg/8.6 2 tabs PO BID.” However, medication not listed on the medication renewal orders since 07-28-21.	<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 style="text-align: center;"><i>All medication including Senna S 50mg/8.6 2 tabs PO BID signed by APRN.</i></p>	<p style="text-align: center;"><i>9/26/2022</i></p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (h)(4) 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. Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F. FINDINGS Hot water temperature 94° Fahrenheit.	<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 style="text-align: center;"><i>I called the plumber to come & adjusted the water temperature 100 - 110.</i></p>	<p style="text-align: center;"><i>9/26/2022</i></p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3: A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan; FINDINGS Primary care giver and SCG #1 – no case manager training to provide oral medications or thickened liquids.	<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>= Yes, Case Manager ^(Diane Pym) trained me "Primary Caregiver" and Asa "Sub-caregiver" on September 13, regarding oral medications or thickened liquids. →</i></p>	<p style="text-align: center;"><i>10/11/2022</i></p>

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Licensee's/Administrator's Signature:

Sandy M. Buenavista

Print Name:

Sandy M. Buenavista

Date:

09/26/2022

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Sandy M. Buenavista

Print Name:

Sandy M. Buenavista

Date:

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