

Office of Health Care Assurance

State Licensing Section

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 20, 2023 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
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Albuterol Sulfate 90 mcg, Tylenol 325 mg, Atropine 1% eye drops, Acetaminophen 650 mg suppository, and Acetaminophen 160 mg/5 ml oral solution, not available in care home despite having a current order.</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>Unable to correct deficiency as the resident has passed away.</p>	10/24/2023

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Albuterol Sulfate 90 mcg, Tylenol 325 mg, Atropine 1% eye drops, Acetaminophen 650 mg suppository, and Acetaminophen 160 mg/5 ml oral solution, not available in care home despite having a current order.</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>As Primary Care Giver I will go over medication with my Substitute Care Givers, one read the medication order, while the other Substitute Care Giver checks the medication bottles/tubes to ensure they're available and that the order is reflected correctly on the label and in the medication administration record (MAR).</p>	10/24/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Albuterol Sulfate, Atropine, and Dulcolax not listed on medication administration record despite having a current order.</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>Unable to correct deficiency as the resident has passed away.</p>	10/24/2023

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (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:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – Case manager's care plan has the following medications as discontinued; however, no order to discontinue medications available...</p> <ul style="list-style-type: none"> • Acetaminophen 325 mg – give 325 – 650 mg every four hours as needed for pain/fever. Not to exceed 3000 mg in 24 hours. • Acetaminophen 160 mg/5 ml oral solution – give 10-20 ml every six hours as needed for pain or fever. Not to exceed 3000 mg in 24 hours. 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Unable to correct deficiency as the resident has passed away.</p>	<p>10/24/2023</p>

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Licensee's/Administrator's Signature: *Sandy Buena*

Print Name: SANDY Buenavista

Date: Oct 17, 2023

Licensee's/Administrator's Signature: Sandy Buenavista

Print Name: Sandy Buenavista

Date: Oct 24, 2023

Licensee's/Administrator's Signature: sandy Buenavista

Print Name: sandy Buenavista

Date: Nov 21, 2023