

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: <b>Bueno #2</b>	<b>CHAPTER 100.1</b>
Address: <b>94-916 Kumuao Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: February 7, 2024 Annual</b>

**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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

**FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>  (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.</p> <p><b><u>FINDINGS</u></b>  Primary Care Giver (PCG) and Substitute Care Giver (SCG) #1 – no current annual physical exam. Physical exam forms available contain multiple whited out and rewritten sections.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>CONTACTED PCP ON 02/07/24 AND REQUESTED NEW PE FORM, BE COMPLETED ON A CLEAN FORM THAT HAS NO WHITE-OUT AND NO REWRITTEN SECTIONS.</p> <p>COMPLETED PE FORM FOR PCG AND SCG#1 WITH NO WHITE-OUT AND NO REWRITTEN SECTIONS, DATED 01/22/24, WAS RECEIVED ON 02/09/24.</p>	<p>02/09/2024</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><b><u>FINDINGS</u></b> Primary Care Giver (PCG) and Substitute Care Giver (SCG) #1 – No current annual physical exam. Physical exam forms available contain multiple whited out and rewritten sections.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>IN THE FUTURE, PCG WILL PROVIDE A CLEAN FORM FOR CARE PROVIDERS TO COMPLETE.</p> <p>PCG WILL REVIEW AND MAKE SURE COMPLETED FORMS BY CARE PROVIDERS WILL BE CLEAN, WITH NO WHITED-OUT SECTIONS AND NO REWRITTEN SECTIONS.</p> <p>IF FORM CONTAINS WHITED-OUT SECTIONS AND/OR REWRITTEN SECTIONS, PCG WILL REQUEST NEW, CLEAN FORM TO BE COMPLETED, WITH REMINDER NOT TO USE WHITE-OUT, AND ANY CORRECTIONS SHOULD BE LINED OUT AND INITIALED.</p>	02/09/2024

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> PCG, SCG #1 and #2 – No current first aid certification as it was completed online.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG SECURED REGISTRATION FOR PCG TO ATTEND FIRST AID TRAINING ON 02/18/24 AND SCG #1 AND #2 ON 02/20/24.</p>	02/20/2024

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> PCG, SCG #1 and #2 – No current first aid certification as it was completed online.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>TO AVOID FUTURE DEFICIENCIES, PCG WILL CREATE A CHECKLIST FOR PCG AND SCG'S TO COMPLETE, OF ITEMS NEEDING YEARLY RENEWAL AND SPECIFICALLY NOTE THAT FIRST AID TRAINING MUST BE DONE IN-PERSON AND ON-LINE TRAINING IS NOT ACCEPTABLE.</p>	02/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> PCG, SCG #1 and #2 – No current cardiopulmonary resuscitation certification as it was completed online.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG SECURED REGISTRATION FOR PCG TO ATTEND CARDIOPULMONARY RESUSCITATION TRAINING ON 02/18/24 AND SCG #1 AND #2 ON 02/20/24.</p>	02/20/2024

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> PCG, SCG #1 and #2 – No current cardiopulmonary resuscitation certification as it was completed online.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>TO AVOID FUTURE DEFICIENCIES IN THIS MATTER, PCG WILL CREATE A CHECKLIST FOR PCG AND SCG'S TO COMPLETE, OF ITEMS NEEDING YEARLY RENEWAL AND SPECIFICALLY NOTE THAT CARDIOPULMONARY RESUSCITATION TRAINING MUST BE DONE IN-PERSON AND ON-LINE TRAINING IS NOT ACCEPTABLE.</p>	02/20/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b><u>FINDINGS</u></b> Resident #2 – No documented diet order available. Per PCG, previous physician gave verbal order for regular diet but no signed order available as physician retired. Per resident history and physical, Diabetes Mellitus 2 controlled by diet.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG CONTACTED RESIDENT #2'S PCP ON 02/07/24 TO REQUEST WRITTEN "REGULAR" DIET ORDER. NO CALL-BACK WAS RECEIVED TIL 02/12/24 AND WAS REDIRECTED TO RESIDENT #2'S GERIATRIC DOCTOR. CALLED GERIATRIC DOCTOR SAME DAY BUT NO CALL-BACK. FOLLOWED UP ON 02/20 BUT NO RESOLVE FOR WRITTEN "REGULAR" DIET ORDER. PER RECEPTIONIST, ISSUE CAN BE DISCUSSED ON RESIDENT #2'S FOLLOW-UP APPOINTMENT, SET FOR MAY 13, 2024, AT 11:00AM. NO EARLIER DATE AVAILABLE.</p>	02/20/2024



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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b><u>FINDINGS</u></b> Resident #2 – No documented diet order available. Per PCG, previous physicia.. gave verbal order for regular diet but no signed order available as physician retired. Per resident history and physical, Diabetes Mellitus 2 controlled by diet.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>TO AVOID FUTURE RECURRENCE, PCG WILL MAKE SURE ALL PHONE ORDERS ARE DOCUMENTED.</p> <p>IF DOCUMENTATION OF PHONE ORDER IS NOT PROVIDED TO PCG BY CARE PROVIDER'S OFFICE, PCG WILL SEND DOCUMENTATION TO CARE PROVIDER FOR SIGNATURE.</p>	02/20/2024

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Schedule of activities includes walking multiple times a day; however, resident is unable to walk.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG CORRECTED SCHEDULE OF ACTIVITY FORM FOR RESIDENT #1 BY REPLACING WORD "WALKING" WITH "ASSIST WITH WHEELCHAIR MOBILITY", TO REFLECT CURRENT MOBILITY STATUS.</p>	02/20/2024

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Schedule of activities includes walking multiple times a day; however, resident is unable to walk.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>IN THE FUTURE PCG WILL REVIEW AND UPDATE ACTIVITY SCHEDULE, MONTHLY OR AS NEEDED, FOR ALL RESIDENTS, TO REFLECT THEIR CURRENT MOBILITY STATUS.</p>	02/20/2024

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) 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.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b> Dishes not sanitized properly. Per PCG, dishes are sprayed with a bleach and water mixture instead of being soaked.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG POSTED PROCEDURE ABOVE KITCHEN SINK SO PCG AND SCG'S MAY HAVE VISUAL REMINDER OF PROPER SANITIZING PROCEDURE PER DOH-OHCA CRITERIA.</p>	02/20/2024

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) 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.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b> Dishes not sanitized properly. Per PCG, dishes are sprayed with a bleach and water mixture instead of being soaked.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG WILL PROVIDE VISUAL AND VERBAL REMINDERS TO SCG'S OF PROPER SANITIZING PROCEDURE.</p>	02/20/2024

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence of pneumococcal vaccine.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG CALLED PCP FOR RESIDENT #1 ON 02/07/2024 AND REQUESTED MEDICAL RECORD TO VERIFY IF PNEUMOCOCCAL VACCINE HAD PREVIOUSLY BEEN ADMINISTERED TO RESIDENT #1. PCG WAS TOLD INFORMATION WAS NOT ACCESSIBLE DUE TO "INFORMED CONSENT" NOT CURRENT.</p> <p>PCG BROUGHT RESIDENT #1 TO PCP ON 02/22/2024 TO UPDATE INFORMED CONSENT FORM.</p> <p>IMMUNIZATION RECORD SHOWED RESIDENT #1 WAS NOT PREVIOUSLY GIVEN THE PNEUMOCOCCAL VACCINE. CLINIC WAS ABLE TO ACCOMMODATE RESIDENT #1 SAME DAY AND WAS GIVEN PNEUMOCOCCAL VACCINE.</p>	02/22/2024

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented evidence of pneumococcal vaccine.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG WILL CREATE A CHECKLIST OF VACCINATION REQUIREMENT AND INSERT IT IN FRONT SECTION OF RESIDENT'S FOLDER FOR EASY VIEWING BY PCG AND SCG'S.</p> <p>CHECKLIST WILL BE REVIEWED MONTHLY AND WHEN REQUIRED VACCINATION IS COMPLETED, PCG OR SCG WILL INITIAL AND NOTE DATE OF COMPLETION.</p>	02/22/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)  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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – "At risk for falls," care plan states, "Resident will be up and about in her room, to the toilet and walk to the living room/dining room area with assist." Patient is unable to walk.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG CALLED CASE MANAGER TO UPDATE RESIDENT #1'S CARE PLAN.</p> <p>MOBILITY STATUS FOR RESIDENT #1 HAS BEEN UPDATED TO REFLECT WHEELCHAIR USE. CARE PLAN STATES RESIDENT WILL BE ASSISTED WITH ACTIVITIES OF DAILY LIVING; INCLUDING TOILETING, BATHING, TRANSFERRING, AND OTHER ACTIVITIES AS NEEDED.</p>	<p>02/20/2024</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)  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>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – "At risk for falls," care plan states, "Resident will be up and about in her room, to the toilet and walk to the living room/dining room area with assist." Patient is unable to walk.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>IN THE FUTURE, PCG WILL REVIEW MONTHLY OR SOONER, CARE PLANS CREATED BY CASE MANAGER TO MAKE SURE IT REFLECTS CURRENT MOBILITY STATUS OF RESIDENT.</p> <p>PCG WILL COMMUNICATE TO CASE MANAGER IF CHANGES OR UPDATES NEED TO BE COMPLETED TO REFLECT CURRENT RESIDENT STATUS</p>	02/20/2024

Licensee's/Administrator's Signature: Felicitas Caballero

Print Name: Felicitas Caballero

Date: Feb 22, 2024