

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, 2024 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 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> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute Care Giver #1 – Observed annual risk assessment dated 6/19/24, however no history of positive Tuberculosis (TB) skin test and no negative chest x-ray result available for review.</p> <p>Please submit a copy of history of positive skin test and a negative chest x-ray as evidence of completion.</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>Yes, enclosing or email the copy of history of positive skin test and a negative c-xray as evidence of completion.</p>	<p>10/18/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute Care Giver #1 – Observed annual risk assessment dated 6/19/24, however no history of positive Tuberculosis (TB) skin test and no negative chest x-ray result available for review.</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 be using the DOH TB clearance manual to serve as the guiding for TB clearance evaluation procedures in staffing to ensure all the necessary documents for care home staff. I will make sure to review for 2months prior for the date review .</p>	10/18/2024

	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 – Physician orders dated 1/19/24, 3/11/24, and 7/18/24 for “Tylenol 325mg. 2-tab Q6 hours PO PRN” Medication order did not have any indication for medication ordered by PCP, however Medication Administration Records (MAR) state it is for pain. No documented evidence that as needed (PRN) medication was clarified with physician to be used for pain.</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>Medication such as tylenol 325mg PO 2tabs every6HRS PRN was indicated as ordered by the Doctor as for pain and fever. And that the Doctors order to include pain and fever that updated.</p>	<p>10/18/2024</p>

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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 – January 2024 MAR observed with “Fluconazole 150mg 1 tab PO Q 72hours X2” however there was no documented evidence of a signed physician order available for aforementioned medication.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c) 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 – January 2024 MAR observed with “Fluconazole 150mg 1 tab PO Q 72hours X2” order and initialed as given on 1/19/24 at 8:00 am and 1/21/24 at 8:00 am (48 hours apart). Medication administration did not follow the order as transcribed in MAR. Second dose should have been given on 1/22/24 at 8:00 am to follow the “every 72 hours X 2” as ordered.</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>To prevent recurrence, I will accurately transcribe physicians orders to MAR as written and verify the order for accuracy. For instance, an order for Floconazole 150mg, 1tab PO Q72HRS x2, will be mark as administered on 1/19/24 at 8am, with void indicators on the 20th and 21th and as scheduled dose indicator on the 22nd, repeating the pattern every 72 hours. I will also make a post it and place it in the medication cabinet door for my substitute to check to make sure it transcribed, documented and given correctly.</p>	<p>10/18/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – On 10/27/2023, Practitioner increased resident's Metformin to be given twice daily. However, this medication change was not noted in the October 2023 progress notes.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<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 – Emergency information sheet available was not updated to reflect updated medication changes.</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>Yes, I updated my Emergency information to reflect updated medication changes.</p>	10/18/2024

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<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 – Emergency information sheet available was not updated to reflect updated medication changes.</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>Upon any modification to the physician's order, I verify that the emergency information sheets is updated accordingly. If the Resident is ICF I would ask the case manager to check monthly making sure that I did it. If resident is ARCH I would make a note posted in the medication cabinet for my substitute to check.</p>	10/18/2024

Licensee's/Administrator's Signature: Sandy Buenavista
Print Name: Sandy Buenavista
Date: 10/18/2024