

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 16, 2025 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 (SCG) #1 – No initial tuberculosis clearance. Only 7/24/25 negative PPD skin test result was available.</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><i>Substitute Caregiver #1 obtained his 2nd PPD on 9/23/2025. He was examined and screened and it shows no evidence of communicable diseases. The record is filed. →</i></p>	<p style="text-align: right;"><i>10/31/2025</i></p>

	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 (SCG) #1 – No initial tuberculosis clearance. Only 7/24/25 negative PPD skin test result was available.</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><i>To prevent the same deficiency next time, I have to make sure to have the TB clearance 1st step date given/ date read. 2nd step date given/ date read kept in a care home folder ready to be checked prior for my annual inspection. Also I will use the service checklist for new here.</i></p>	<p style="text-align: right;"><i>10/31/2025</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 was on regular/pureed/nectar thick diet at admission 5/20/25. On 6/3/25, order was changed to "continue thickened diet for liquid and soft diet for solids." 7/24/25 Thick It use was discontinued. PCG stated that the diet is now regular, but no written order was available to confirm the current diet order at home. No record that special diet was provided since admission because no special diet menus were available. Please obtain a written order for regular diet.</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 style="text-align: center;"><i>Diet ordered obtained from the physician/ (APRN) dated 9/29/25 that ordered was clarified diet should be regular from pureed to regular solid. → 10/31/25</i></p>	<p style="text-align: center; vertical-align: bottom;">10/31/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1 was on regular/pureed/nectar thick diet at admission 5/20/25. On 6/3/25, order was changed to "continue thickened diet for liquid and soft diet for solids." 7/24/25 Thick It use was discontinued. PCG stated that the diet is now regular, but no written order was available to confirm the current diet order at home. No record that special diet was provided since admission because no special diet menus were available. Please obtain a written order for regular diet.</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><i>APR Cynthia Ventemilla changed changed order diet from pureed to regular diet which is written on the APRN/Physician's Paper noted on 9/29/2025. I talked to my Case Manager and both of us reviewed all Physicians ordered one a month. I will also contact the Doctor with in one day or 24 hrs. of clarifications is needed. →</i></p>	<p style="text-align: right;"><i>10/31/2025</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Two (2) boxes of Latanoprost eye drops were stored unsecured in refrigerator by residents' bedrooms.</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><i>I purchased a box where I can put medication that require storage in a refrigerator, properly labelled and kept in a separate locked container</i></p>	<p style="text-align: right;"><i>→ 10/31/2025</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2 – “see NP note” in the physical exam form dated 6/26/25 and information for standard physical exam was not included in the form. There was no NP note on file. Thus, there is no current physical exam.</p>	<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><i>The NP note was obtained from (APRN) Cynthia Ventemilla noted on 6/26/2025. The record is filed. ⇒ 10/31/2025</i></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 – Monthly rate was not recorded in care home policy.</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><i>Yes I wrote down the monthly rate on the General Operational Policy and discussed, reviewed to the family guardian and let it signed or initial the GOP policy. Copy was given →</i></p>	<p><i>10/31/2025</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – No record that influenza/pneumococcal vaccines were offered or given to the resident.</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><i>I obtained influenza dated on 9/23/25. Residents who refused to take Pneumococcal Vaccines was reported to the Doctor / APRN documented in a progress note. → 10/31/2025</i></p>	<p style="text-align: right;"><i>10/31/2025</i></p>

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11/31/2005

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) 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>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><u>FINDINGS</u> Resident #1 – comprehensive assessment dated 5/20/25 did not address “Genitourinary,” “Gastrointestinal,” “Skin,” “Nutrition/diet,” and psychological, social and spiritual aspects.</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>	<p>10/31/2025</p>

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Licensee's/Administrator's Signature: *S Buenvista*

Print Name: Sandy Buenvista

Date: 10/31/2025

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