Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Bueno #2	**CHAPTER 100.1**
Address: **94-916 Kumuao Street, Waipahu, Hawaii 96797**	**Inspection Date: February 25, 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
☒	§11-100.1-13 Nutrition. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. **FINDINGS** Resident #2 – Physician ordered "Heart Healthy" diet for resident. No "Heart Healthy" menu posted in facility.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCP made daily follow-up calls to Resident's PCP for advice on diet order as Resident refused "Heart Healthy" diet. On March 20, 2025, PCG received return-call from PCP with an order to resume previous order of "Regular" diet. (Copy of written order attached) Menus are posted in kitchen/dining area, with special diets noted appropriately, for Residents and Staff to review as needed.	03/20/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review. **FINDINGS** Resident #2 – Physician ordered "Heart Healthy" diet for resident. No "Heart Healthy" menu posted in facility.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG and SCG's will routinely review ~~made~~ checklist of menu and diet orders to ensure accuracy and also ensure menu and diet orders are within view of Residents and ~~PCG's~~ PCG and SCG's in the kitchen/dining area. For added measure ~~made~~ of assurance, PCG and SCG's will remind each other of current menu and any coordinating special diet order.	03/20/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician ordered "Acetaminophen 500mg," "Miralax 17mg," and "Nasal Spray" for the resident. Medications are not available pin the facility for resident use.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG contacted PCP on March 3, 2025, for an order of Acetaminophen 500mg, Miralax 17mg, and Nasal Spray for Resident's use. Medications were filled by pharmacy and picked up by PCG on March 18, 2025. Said medications are secured in medication cabinet and available when needed by Resident.	03/18/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician ordered "Acetaminophen 500mg," "Miralax 17mg," and "Nasal Spray" for the resident. Medications are not available pin the facility for resident use.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent recurrence of this citation, an admission checklist has been outlined by PCG, and said checklist includes a note to review PCP-ordered medications. PCG and SCG's will work together to review Resident's medication list as outlined by Resident's PCP, and compare it to the actual medications to make sure everything is correct and complete upon admission.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. **FINDINGS** Resident #1 – No documented evidence of a current inventory of belongings on file.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG completed a Resident Inventory form on February 25, 2025, which itemizes personal belongings of the Resident upon the Resident's admission.	02/25/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. **FINDINGS** Resident #1 – No documented evidence of a current inventory of belongings on file.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To prevent recurrence of this citation, an admission checklist has been outlined by PCG and said checklist includes a note to itemize Resident's belongings and document in Resident Inventory form upon admission. PCG and SCG's will confer with each other to make sure form is completed and in Resident folder.	

Licensee's/Administrator's Signature: Felicitas Caballero

Print Name: Felicitas Caballero

Date: Mar 19, 2025

Licensee's/Administrator's Signature: _____

Print Name: Felicitas Caballero

Date: 04/22/25