

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

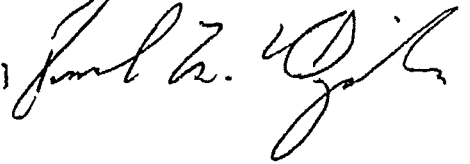
<b>Facility's Name:</b> Captain Cook Care Home	<b>CHAPTER 100.1</b>
<b>Address:</b> 81-1993 Haku Nui Road, Captain Cook, Hawaii 96704	<b>Inspection Date: March 3, 2017 Annual</b>

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

	Rules (Criteria)	Plan of Correction	Completion Date
<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><b><u>FINDINGS</u></b> Resident #1, October 2016 – February 2017 monthly medication records reflect the resident received “Lorazepam 1 mg ½ tab q 4 hrs PRN agitation/anxiety” twice daily. However, monthly progress notes did not reflect the reason for administration or effectiveness of the medication.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p><i>SEE ATTACHED</i></p>	<p><i>5/14/17</i></p>

11 100.1-10(a): I obtained a level of care assessment by the resident's MD on 11/18/13. Copy is attached. To prevent this from happening again, I made a checklist for the documents needed for admission. I will give the family or persons placing the resident the blank documents to fill out, along with my checklist. In addition, I will make sure I get the documents at least 1-2 days before the resident is going to be admitted and will not admit the resident unless I have everything.

[signature]



Licensee's/Administrator's Signature: [Handwritten Signature]  
Print Name: Dawn M. Hughes  
Date: 3/22/2017

Licensee's/Administrator's Signature: [Handwritten Signature]  
Print Name: Dawn M. Hughes  
Date: 5/14/17