

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Captain Cook Care Home	CHAPTER 100.1
Address: 81-1993 Haku Nui Road, Captain Cook, Hawaii 96704	Inspection Date: March 9, 2018

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) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	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, with a history of past positive tuberculosis (TB) skin test, no current TB attestation.</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>YES. THE SUBSTITUTE CAREGIVER WENT TO THE DOCTOR TO GET TB CLEARANCE.</i></p>	<p style="text-align: right;"><i>3/27/16</i></p> <p style="text-align: right;"><i>E. G. H.</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1, no medication evaluations since March 28, 2017.</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. ASKED DOCTOR FOR CLARIFICATION ON PHYSICIAN/APRN RECORD (ARCH 18) DATED JUNE 2017. HE INDICATED DURING THAT VISIT NO CHANGE IN MEDICATION. THIS DOCTOR VISIT WAS WITHIN A FOUR MONTHS OF REEVALUATION OF MEDICATION OF RESIDENCE 1. NEXT VISIT WAS JAN 2018 AND HE DIDNT FILL OUT THE PHYSICIAN/APRN RECORD THROUGH PROVIDER.</p>	<p style="text-align: right;">3/23/18</p> <p style="text-align: right;">J. Z. 18</p>

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☒	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1, no medication evaluations since March 28, 2017.</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>IN THE FUTURE I WILL HAVE DOCTOR FILL OUT ARCH 1R18 TO INDICATE NO CHANGE IN MEDS EVERY TIME RESIDENTS VISITS THE DOCTOR AND/OR I WILL CALL THE DOCTOR EVERY FOUR MONTHS FOR ANY CHANGES/UPDATE ON FORM ARCH 1R18. I WILL WRITE PHONE ORDER ON THE FORM ARCH 1R18</i></p>	<p><i>3/27/18</i></p> <p><i>P. Z. ill.</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1, medication bin contained "Colchicine 0.6mg tablets" – expired "02/17/18"</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>WHEN MEDICATION EXPIRES I WILL USE A SHARPIE MARKER TO BLACKEN OUT ALL INFORMATION ON THE MEDICATION BOTTLE SUCH AS PATIENT'S NAME DOCTOR'S NAME DATE, MEDICATION NAME, FREQUENCY, DOSAGE ETC...</p> <p>WITH THE REMAINING EXPIRED MEDICATION I WILL PLACE EXPIRED MEDS IN A ZIP LOCK BAG MIX WITH COFFEE GRINDS AND WATER. THEN SEAL ZIPLOCK AND SECURE IT IN PAPER BAG WITH TAPE. FINALLY DISPOSE PAPER BAG IN THE GARBAGE CONTAINER.</p>	<p style="text-align: right;"><i>4/16/2018</i> <i>J.R. Ud-</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1, medication bin contained "Colchicine 0.6mg tablets" – expired "02/17/18"</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 style="text-align: center;"><i>IN THE FUTURE I WILL VERIFY MEDICATION BOTTLES DAILY.</i></p>	<p style="text-align: right;"><i>3/23/18</i></p> <p style="text-align: right;"><i>J. Z. db.</i></p>

Licensee's/Administrator's Signature:

[Handwritten Signature]

Print Name:

DANIEL M. HIGUCHI

Date:

3/23/18

Licensee's/Administrator's Signature:

[Handwritten Signature]

Print Name:

Daniel M. Higuchi

Date:

4/16/2018