

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Captain Cook Care Home	CHAPTER 100.1
<b>Address:</b> 81-1993 Haku Nui Road, Captain Cook, Hawaii 96704	<b>Inspection Date:</b> March 6, 2020 – 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. 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"/> §11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.  <b>FINDINGS</b> Storage room containing household cleaning supplies - keys left in door lock.	<p style="text-align: center;">PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>yes, lock keys out and            put it away in a            secure area.</i></p>	<p style="text-align: right;"><i>12.18</i> 4/26</p>


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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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.  <b>FINDINGS</b> Resident #1, January 2020 medication record – the following medications were not initiated as administered on January 25 – 31, 2020: <ul style="list-style-type: none"> <li>• “Aspirin tablet chewable 81 mg give 1 tablet by mouth one time a day – related to hemiplegia”</li> <li>• “Docusate Sodium capsule 100 mg give 1 capsule by mouth two times a day for constipation”</li> </ul> Resident #1, February 2020 medication record – the following medications were not initiated as administered on February 1 – 8, 2020: <ul style="list-style-type: none"> <li>• “Aspirin tablet chewable 81 mg give 1 tablet by mouth one time a day – related to hemiplegia”</li> <li>• “Serrtraline HCl tablet 50 mg give 50 mg by mouth twice a day”</li> <li>• “Senna S 1 tab po twice daily constipation”</li> </ul>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: right;"><i>P. G. W. A.</i> 4/26</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.  Type I ARCHs shall be in compliance with, but not limited to, the following provisions:  There shall be a clear and unobstructed access to a safe area of refuge;  <b>FINDINGS</b> Exit door #1 – sliding lock device and hook and eye locking device located at the top of the door. Exit door #2 – sliding lock device located at the top of the door.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>yes. EXIT Door #1 took Lock OFF. EXIT Door #2 took Lock OFF.</i></p>	<p style="text-align: center;"><i>J.M. Ws 4/20</i></p>




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	<p>\$11-100.1-23 <u>Physical environment</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHS shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><b>FINDINGS</b> Exit door #1 -- sliding lock device and hook and eye locking device located at the top of the door. Exit door #2 -- sliding lock device located at the top of the door.</p>	<p>PLAN OF CORRECTION</p> <p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>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, FOR NO REASON OTHER ACCESS TO A SAFE AREA THERE WILL BE NO TYPES OF LOCKS ON THE DOORS THAT THE DOOR KNOBS LOCATED.</p>	<p>1. m. lly 4/28</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-87 Personal care services. (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.  <b>FINDINGS</b> Substitute care giver (SCG) #1, no training provided by the case manager for the following: <ul style="list-style-type: none"> <li>• Aspiration Precautions</li> <li>• Applying topical medications</li> <li>• Administering oral medications</li> </ul>	<p style="text-align: center;"><b>PART I</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>YES, I CONTACTED OUR CASE MANAGER, RN FOR TRAINING ON ASPIRATION PRECAUTIONS. APPLYING TOPICAL MEDICATIONS AND ADMINISTRATION ORAL MEDICATIONS. I LABEN TRAINED SCG #1</p>	<p style="text-align: right;">P. R. MA 4/20</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(4) 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:  Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;  <b>FINDINGS</b> Resident #1, care plan entitled "Alteration in pain r/t cerebral infarction with hemiplegia and hemiparesis causing decreased mobility and dementia" dated February 1, 2020 read, "Tylenol Arthritis 650 mg 1 tab po q 8 hrs prn pain 2/1/2020 - d/c" However, APRN order dated February 1, 2020 and February 2020 medication record read, "Tylenol Arthritis 650 mg 1 po Q8 hrs prn pain" and initialed as administered.	<p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>             We fixed the APRN about THE DISCONTINUATION OF MEDICATION Tylenol Arthritis 650mg. 1 TAB PO Q 8 HRS. 2/1/2020              D/C : SHE SAID IT WAS A HEARING OF THE OTHER MEDICATION SHE DISCONTINUED.              Got a Case Manager RN THAT APPEAL ON HER AND NOT A D/C BUT A HEARING OF ADR MER BELOW Tylenol and APRN FORM. CM SIGNd APPROPRIATE. WOULD BE REVISITING BOT NO REVISIONS WERE GIVEN ANY. CONTACTED CM FOR FORWARD UPON REVISIONS.           </p>	<p style="text-align: right;">             [Signature]              4/1/20           </p>

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Licensee's/Administrator's Signature:

*David M. Hughes*

Print Name:

*David M. Hughes*

Date:

*4/20/20*

Licensee's/Administrator's Signature:

*Paul Z. Spivey*

Print Name:

*Paul Z. Spivey*

Date:

*5/29/2020*

Licensee's/Administrator's Signature:

*Paul L. Walsh*

Print Name:

*Paul L. Walsh*

Date:

*6/25/2020*