

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 22, 2021 – 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"/> <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 documentation of two (2) step tuberculosis (TB) skin test.</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, SCG #1 WENT TO GET TB. TEST STEP 2 THE FOLLOWING DAY TO COMPLETE THE REQUIREMENTS FOR THE INITIAL TUBERCULOSIS CLEARANCE.</p>	<p>3/23/21 J.2.46.</p>

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☒	<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 documentation of two (2) step tuberculosis (TB) skin test.</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 ENSURE ALL SCG'S HAVE INITIAL AND ANNUAL UP TO DATE TUBERCULOSIS CLEARANCE BY KEEPING A CHECK LIST OF ALL REQUIREMENTS FOR SCG'S.</i></p>	<p style="text-align: right;"><i>3/23/21 J.2.48</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p>FINDINGS Resident #1 – physician order dated 01-27-21 and March 2020 – March 2021 medication records read:</p> <ul style="list-style-type: none"> • “Colace – Constipation Follow Bottle dosage” • “Tums – Occasional Heartburn” • “Caltrate – Calcium Supplement Follow Bottle Dosage” <p>However, the bottle label read:</p> <ul style="list-style-type: none"> • “Colace (docusate sodium) 1-3 Soft Gel po daily FOR: Constipation” • “Tums Chew 2-4 Tabs as symptoms occur PRN FOR: Occasional Heartburn” • “Caltrate 1-2 tabs Daily For: Calcium Supplement” <p>March 2020 – March 2021 medication records did not indicate the number of tablets administered.</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, As of 3/23/21, THE MEDICATION RECORD IS NOW SHOWING THE NUMBER OF TABLETS GIVEN EACH DAY.</p>	<p>3/23/21 J.R.H.</p>

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Licensee's/Administrator's Signature: Paul H. Ujeh

Print Name: Daniel M. Brown Higuchi

Date: 3/23/21

Licensee's/Administrator's Signature: Samuel G. [Signature]
Print Name: Daniel M. Brown Higuchi
Date: 5/10/21