

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: April 7, 2022 – 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.

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MAY 18 2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> No documented menu substitutions for 2022.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>MENU SUBSTITUTION FORM FOR YEAR 2022 IS NOW POSTED AND READY TO USE TO DOCUMENT MEAL SUBSTITUTION</p>	<p>4/19/2022</p> <p>J.L. Vh.</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p><u>FINDINGS</u> No documented menu substitutions for 2022.</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 EVERY TIME THERE IS A FOOD SUBSTITUTION, I WILL WRITE DOWN THE SUBSTITUTION FOOD IN THE MENU SUBSTITUTION RECORD. I WILL POST THE MENU SUBSTITUTION RECORD NEXT TO THE WEEKLY MENU.</i> </p>	<p style="text-align: right;"> <i>5/09/22 J. Z. 46</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 03-11-22 read the following:</p> <ul style="list-style-type: none"> • "Vitamin D3 125 mcg (5000 UT) 1 capsule orally <u>daily</u>" • "Lipitor 40 mg tab 1 tablet orally every <u>AM</u>" <p>Prescription label read:</p> <ul style="list-style-type: none"> • "Vitamin D3 125 mcg capsule 1 cap orally one time a day <u>precisely at 12 noon</u> for therapeutic use" • "Atorvastatin (Lipitor) 40 mg tablet give 1 tablet by mouth <u>at bedtime</u> for hyperlipidemia" <p>March and April 2022 medication record read:</p> <ul style="list-style-type: none"> • "Lipitor 40 mg (Atorvastatin) 1 Tablet orally every <u>morning</u>" • "Vitamin D3 125 mcg (5000 UT) 1 capsule daily" administered at <u>8am</u> 	<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>ON APRIL 19TH I CONTACTED THE PHYSICIAN TO REVIEW THE PRESCRIPTION MEDICATION LABEL AND TO REVIEW HIS CURRENT PHYSICIAN ORDER. I ASKED THE PHYSICIAN HOW HE WOULD LIKE US TO ADMINISTER THE MEDICATION</p>	<p>4/19/2022</p> <p>P. Z. Ull</p>

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Licensee's/Administrator's Signature: David M. Higley

Print Name: David M. Higley

Date: 4/19/2022

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APR 25 2022

Licensee's/Administrator's Signature: *[Handwritten Signature]*

Print Name: *Daniel Wilson Aguilar*

Date: *5/09/22*

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