

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 24, 2023 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.

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

23 JUN 16 AM 11:43

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (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.</p> <p><u>FINDINGS</u> Room containing toxic chemicals/cleaning agents found unlocked during inspection.</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>In the future PCG will do random check throughout the week to ensure the door is locked. All staff members have been instructed to check that the door is locked whenever they're passing by. A sign has also been posted outside of door stating to " Lock door after each use"</p>	<p>6.13.23</p> <p style="text-align: right;">23 JAN 16 AM 1:43</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Medication order for Tylenol = 650 mg orally every 8 hours as needed. Medication label for Tylenol = 650 mg orally every 6 hours as needed. Medication label does not reflect medication order.</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>Corrected deficiency by changing label to reflect Tylenol 650mg Arthritis Q 8 hr prn instead of Q 6hr PRN</p>	<p>6.13.23</p> <p style="text-align: right;">23 JUN 16 AM 1:43</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Pink pill found lying on dining room table.</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;">Corrected action by disposing of medication.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p>6.13.23</p> <p style="text-align: right;">23 JUN 16 AM 11 43</p>

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<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><u>FINDINGS</u> Resident #1 – Medication order for Midodrine = 2.5 mg orally three times daily, hold for systolic blood pressure >130. No documented evidence of blood pressures taken.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>6.13.23</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p>23 JUN 16 AM 1:43</p>

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<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><u>FINDINGS</u> Resident #1 – Monthly progress notes do not include observations of the resident's response to medications.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>6.13.23</p> <p style="text-align: right;">23 JUN 16 AM 1:43</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><u>FINDINGS</u> Three (3) non-self preserving residents in ARCH.</p>	<p style="text-align: center;">PART I</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 3.24.23 the Dr and POA were contacted by CCCH to have Self preservation form changed from Non self preserve to Self Preserved. POA to CCCH Dr is not in office and will not be back till following week. Appointment has been made for re-evaluation on 3/30/23. On 3/30/23 DR evaluated resident and changed Non-Self Preserved to Self Preserved.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII OOH-OHCA STATE LICENSING</p>	<p>6.13.23</p> <p style="text-align: right; font-size: small;">23 JUN 16 AM 11:43</p>

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Licensee's/Administrator's Signature: Daniel M. Higuchi

Print Name: DANIEL M HIGUCHI

Date: JUNE 13, 2023

23 JUN 16 AM 11:42
STATE OF HAWAII
DOH-OHCA
STATE LICENSING

Licensee's/Administrator's Signature:

[Handwritten Signature]

Print Name:

David M. Hagiuchi

Date:

6/19/2023

23 JUN 16 AM 11:42
STATE OF HAWAII
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