

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Domingo's Care Home	CHAPTER 100.1
Address: 74-828 Ulua'oa Street, Kailua-Kona, Hawaii 96740	Inspection Date: May 6, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p>FINDINGS No documented menu substitutions.</p>	<p><i>I will write the menu substitution in the back of weekly menu or write in the calendar upon serving different food from the menu.</i></p>	<p><i>5/07/16</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>the medication was made available to the resident.</p> <p>FINDINGS Resident #1, the following medications ordered [redacted], [redacted] not listed on [redacted] monthly medication record as available to resident:</p> <p>[redacted]</p>	<p>[redacted] monthly medication record was accidentally placed in the wrong area. I have placed it in the correct place in the medication record.</p>	5/07/14
	<p>[redacted]</p>	<p>In the future I will check medication administration record before the beginning of the month & double check for accuracy.</p>	5/07/14
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p>FINDINGS [redacted]</p>	<p>I Talk to the doctor to order & sign for thickening agent & have added it to the treatment ^{med} record.</p>	5/17/14
	<p>[redacted]</p>	<p>In the future I will ask or discuss to the doctor to have order of thickening agent and documented in medication record.</p>	5/17/14

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☒	<p>§11-100.1-23 <u>Physical environment</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p>FINDINGS Resident dining area, trash can was not equipped with a tight fitting cover.</p>	<p>In the future I will check & replace the dining trash can with secured & tight fitting cover. I train substitutes to make sure the trash can covered tight & secure.</p>	5/07/14
		I replace the dining trash with a tight fitting cover.	5/07/14
☒	<p>§11-100.1-87 <u>Personal care services</u>. (c)(2) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Pneumococcal and influenza vaccines and any necessary immunizations following the recommendations of the Advisory Committee of Immunization Practices (ACIP);</p> <p>FINDINGS Resident #1, no documentation of pneumococcal vaccination.</p>	<p>Resident #1 received [redacted] pneumococcal vaccine [redacted] at doctor's office & documented on resident's immunization record.</p>	5/17/14
		<p>Upon admission I will use the admission checklist & make sure the resident get a pneumococcal vaccine. I will check with the doctor if the resident has (any) immunization record prior to admission.</p>	5/17/14

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(6) 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:</p> <p>Coordinate care giver training, hospital discharge, respite, home transfers and other services as appropriate. Facilitate, advocate and mediate for expanded ARCH residents, care givers and service providers to ensure linkages and provision of quality care for the optimal function of the expanded ARCH resident;</p> <p>FINDINGS </p>	<p>In the future I will ask or talk to my case manager to train caregiver & substitutes to provide document training to provide special treatment. I will let caregiver & substitutes sign after training.</p>	<p>5/11/16</p>
		<p>I talk to my case manager to train & sign all caregivers delegated procedure to provide</p>	<p>5/11/16</p>

Licensee's/Administrator's Signature: Myrna Domingo
 Print Name: Myrna Domingo
 Date: 5/18/16

Licensee's/Administrator's Signature: Myrna Domingo
 Print Name: Myrna Domingo
 Date: 6/9/16