

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Domingo's Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 74-828 Uluu'oa Street, Kailua-Kona, Hawaii 96740</b>	<b>Inspection Date: May 12, 2017 Annual</b>

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

	Rules (Criteria)	Plan of Correction	Completion Date
<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 the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b>  Resident #1, the following medication prescribed on January 23, 2017, was not listed on the January 2017 monthly medication record as available to the resident:</p> <ul style="list-style-type: none"> <li>• “For Constipation, try over the counter MiraLax 1 packet mixed with juice or water once daily as needed.”</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>	

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<input checked="" type="checkbox"/> §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 the medication was made available to the resident.  <u>FINDINGS</u> Resident #1, the following medication prescribed on January 23, 2017, was not listed on the January 2017 monthly medication record as available to the resident: <ul style="list-style-type: none"> <li>• "For Constipation, try over the counter MiraLax 1 packet mixed with juice or water once daily as needed."</li> </ul>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>in the future <sup>up</sup> I will add any new medications ordered by doctor or APRN on their medication administration record on the day it was ordered. I will check the medication administration record before the beginning of the month for accuracy.</i></p>	<p style="text-align: center;">5/13/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Resident #1, medication bin contained one (1) bottle of "Ibuprofen 200 mg" – expiration date "01/17"</p>	<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><i>all medications prescribe by doctor or APRN always check the expiration dates before administering to the residents. And all expired medications &amp; discontinued medication have been remove from the medication cabinet for proper disposal.</i></p>	<p style="text-align: right;"><i>5/13/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Resident #1, medication bin contained one (1) bottle of "Ibuprofen 200 mg" – expiration date "01/17"</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future I will always check the expiration date all prescribed medications by doctor or APRN before administering to the resident. I will remove all expired medications &amp; discontinued medications from the cabinet for proper disposal.</i></p>	<p style="text-align: center;">5/13/17</p>

Licensee's/Administrator's Signature: Myrna Domingo

Print Name: Myrna Domingo

Date: 8/21/17