

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 11, 2018

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>§11-100.1-15 <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, physician orders dated January 24, 2018 and April 17, 2018 read, "Robitussin DM syrup 100-10 mg/5 ml Give 10 ml by mouth every 6 hrs. as needed for cough." However, medication was not listed on the January – May 2018 medication records.</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><i>I wrote the order "Robitussin Dm Syrup 100mg/5ml give 10 ml by mouth every 6 hrs. as needed for cough on the medication administration record for the month of May - present."</i></p>	<p style="text-align: right;"><i>5/12/18</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of compliance with the department's uniform tuberculosis policy;</p> <p><u>FINDINGS</u> Resident #1, admitted on January 16, 2018, two step tuberculosis (TB) skin test – second step administered on April 16, 2017 read “negative,” however, no date read.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p>FINDINGS Substitute care giver (SCG) #1 – no training provided by the case manager to administer fleets enema and perform blood glucose monitoring.</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><i>I discuss ^{with} my case manager to provide training to administer fleet enema & perform blood glucose monitor. One of my care givers forget to sign. Retraining is done. date 5/15/18 signature obtain & dated 5/15/18.</i></p>	<p style="text-align: center;">5/15/18</p>

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Licensee's/Administrator's Signature: Myrna Domingo

Print Name: Myrna Domingo

Date: 5/24/18

Licensee's/Administrator's Signature: Myrna Domingo

Print Name: Myrna Domingo

Date: 7/02/18.