

# 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 Ulu'a Street, Kailua-Kona, Hawaii 96740</b>	<b>Inspection Date: May 6, 2020 – 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.**

**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.**

RECEIVED  
JUN 23 2020

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (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.  <b>FINDINGS</b> Resident #1 May 2020 medication record not initiated for the following: <ul style="list-style-type: none"> <li>• "Metformin 1000 mg take 1 tablet by mouth twice daily with food" - 0800 dose on May 4 - 6, 2020.</li> <li>• "Hydralazine 25 mg take 1 tablet by mouth three times daily" - 1700 dose on May 4 - 5, 2020.</li> </ul>	<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>Resident #1</p> <p>Yes. I correct this deficiency late entry. we born as my inspector leave I initial resident's MAR on May 4 - 6 - 2020 right away. for both medications.</p>	<p style="text-align: center;">5/6/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (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.  <b>FINDINGS</b> Resident #1 May 2020 medication record not initialed for the following: <ul style="list-style-type: none"> <li>• "Metformin 1000 mg take 1 tablet by mouth twice daily with food" - 0800 dose on May 4 - 6, 2020.</li> <li>• "Hydralazine 25 mg take 1 tablet by mouth three times daily" - 1700 dose on May 4 - 5, 2020.</li> </ul>	<p style="text-align: center;"><b>PLAN OF CORRECTION</b></p> <p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u>FUTURE PLAN</u></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>Resident I</i></p> <p><i>When I administer medications I will initial the medication administration record, right away: I let my substitute caregiver double check at the end of the day for accuracy.</i></p>	<p style="text-align: center;"><i>5/6/20</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (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><b>FINDINGS</b> Resident #1 – medication label altered with a sharpie pen to read "Hydralazine 25 mg <u>21</u> tablets by mouth three times daily for blood pressure"</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u> yes</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>2 put sticky note on the bottle below on prescription label which read " medication order change " see doctors note dated 12/19/19.</i></p>	<p style="text-align: center;"><b>5/18/20</b></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (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.  <u>FINDINGS</u> Resident #1 – medication label altered with a sharpie pen to read "Hydralazine 25 mg <u>2</u> tablets by mouth three times daily for blood pressure"	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will put sticky note on the bottle below prescription label " medication order change see doctor's note dated 12/19/19.</i></p>	<p style="text-align: right;"><i>6/18/20</i></p>

Licensee's/Administrator's Signature:

*Myrna Domingo*

Print Name:

*Myrna Domingo*

Date:

*5/22/2020*

Licensee's/Administrator's Signature:

*Mylene Domingo*

Print Name:

*Mylene Domingo*

Date:

*6/18/20*