

# 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 Ulua'oa Street, Kailua-Kona, Hawaii 96740</b>	<b>Inspection Date: May 5, 2021 – 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.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> Substitute care giver (SCG) #1 with a history of positive tuberculosis (TB) skin test, chest x-ray done 09-30-19. No current TB symptoms screening.</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>My substitute caregiver to see Cynthia Ventinella APRN let her sign date ARCHIR 35. Done</i></p> <p style="text-align: center;"><i>see attach</i></p>	<p style="text-align: right;"><i>5/6/2021</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> Substitute care giver (SCG) #1 with a history of positive tuberculosis (TB) skin test, chest x-ray done 09-30-19. No current TB symptoms screening.</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>I will check my checklist of my <sup>sub</sup>caregivers requirements monthly. I remind <del>to</del> my <sup>sub-</sup>caregivers 2 weeks prior to expiration date. I will follow-up with my sub-caregivers if I did not receive their T. B. clearance.</i></p>	<p><i>5/6/2021</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b><u>FINDINGS</u></b> No four (4) week cycle menu available for review.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><i>Yes</i></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I have made 4 cycle menu: menu #1, #2, #3 and #4 that includes well balanced diet &amp; meet the daily nutritional needs for the resident. Posted in the resident dining area and at the kitchen available for residents to see &amp; available for review by inspector.</i></p>	<p><i>5/7/2021</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b><u>FINDINGS</u></b> No four (4) week cycle menu available for review.</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 have sit <del>to</del> with my substitutes and reviewed chapter 11-100.1-13 nutrition. I made 4 weeks cycle <del>(menu in)</del> menu. Menu #1, #2 #3 and #4 to be followed posted in the board with a sign "Menu" for resident &amp; department to review.</p>	<p>5/17/2021</p>

	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><b><u>FINDINGS</u></b> Resident #1 – APRN medication order dated 01-09-21 read, “Tylenol 650 mg 1 PO <u>TID</u> NTE 3gms.” However, January 2021 medication record initialed as administered at <u>0800, 1200, 2000</u>.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	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><b><u>FINDINGS</u></b> Resident #1 – APRN medication order dated 01-09-21 read, “Tylenol 650 mg 1 PO <u>TID</u> NTE 3gms.” However, January 2021 medication record initialed as administered at <u>0800</u>, <u>1200</u>, <u>2000</u>.</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 not happen again I will clarify &amp; review the doctor's order before leaving the physicians office. I will ask the doctor if I have any question regarding the administration time.</i></p>	<p style="text-align: right;"><i>5/7/2021</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><b>FINDINGS</b> Resident #1 – the following medications were listed on the July and August 2020 medication record:</p> <ul style="list-style-type: none"> <li>• “Dulcolax Suppository 10 mg (Bisacodyl) Insert 10 mg rectally as needed for constipation daily if no BM after 3<sup>rd</sup> day.”</li> <li>• “Fleet enema 7-19 gm/118 ml (Sodium Phosphate). Insert 1 application rectally as needed for constipation if no BM after 4 day.”</li> <li>• “Senna Plus tablet 8.6/50mg Sennosides Docusate Sodium Give 1 table by mouth as needed for constipation if no BM after 2<sup>nd</sup> day.”</li> </ul> <p>However, physician/APRN order for administration obtained on 09-26-20.</p>	<p>PART I</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><b><u>FINDINGS</u></b> Resident #1 – the following medications were listed on the July and August 2020 medication record:</p> <ul style="list-style-type: none"> <li>• “Dulcolax Suppository 10 mg (Bisacodyl) Insert 10 mg rectally as needed for constipation daily if no BM after 3<sup>rd</sup> day.”</li> <li>• “Fleet enema 7-19 gm/118 ml (Sodium Phosphate). Insert 1 application rectally as needed for constipation if no BM after 4 day.”</li> <li>• “Senna Plus tablet 8.6/50mg Sennosides Docusate Sodium Give 1 table by mouth as needed for constipation if no BM after 2<sup>nd</sup> day.”</li> </ul> <p>However, physician/APRN order for administration obtained on 09-26-20.</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><i>To prevent it doesn't happen again I will read carefully before record in the MAR that all medications order are signed by the physician. I will update the patient medication record monthly &amp; when ever I receive new <sup>medication</sup> order from the doctor I will record in the MAR right away. I will have my substitute caregiver check the physician order &amp; MAR to make sure they match in the beginning of each month.</i></p>	<p style="text-align: center;">5/10/2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – physician order dated 08-02-20 and August 2020 medication record read, “Lidocaine 5% Patch apply to mid back on <u>12 hrs. off 12 hrs.</u> as needed.” August 2020 medication record initialed as administered 08-02-20 – 08-30-20; however, <u>time of administration and removal was not documented.</u></p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – physician order dated 08-02-20 and August 2020 medication record read, “Lidocaine 5% Patch apply to mid back <u>on 12 hrs. off 12 hrs.</u> as needed.” August 2020 medication record initialed as administered 08-02-20 – 08-30-20; however, <u>time of administration and removal was not documented.</u></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>I will make sure that the treatment order written in the medication chart &amp; follow as it was ordered. I will use sticky notes &amp; posted in front of my medication cabinet to read instruction &amp; document time of administration &amp; time of removal.</i></p>	<p style="text-align: center;">5/6/2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b> Resident #1 – APRN order dated 08-02-20 read:</p> <ul style="list-style-type: none"> <li>• “Elevate L leg while at rest”</li> <li>• “Compression to L Leg”</li> </ul> <p>However, no documentation that treatment orders were followed and response/observations to treatments were not documented in monthly progress notes.</p>	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><b><u>FINDINGS</u></b> Resident #1 – APRN order dated 08-02-20 read:</p> <ul style="list-style-type: none"> <li>• “Elevate L leg while at rest”</li> <li>• “Compression to L Leg”</li> </ul> <p>However, no documentation that treatment orders were followed and response/observations to treatments were not documented in monthly progress notes.</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>As soon as physician/APRN made medication/treatment order, I will document right away using ARCH IR 22C form. I also talk to my substitute caregiver to check current physician order to make sure it was transcribe in the medication chart correctly and document the observation/response to treatment in the monthly progress note.</i></p>	<p><i>5/6/2021</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><b><u>FINDINGS</u></b> No smoke detector checks for April 2021.</p>	<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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><b><u>FINDINGS</u></b> No smoke detector checks for April 2021.</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>To ensure it will not happen again, I have talked to my husband when he do the monthly detector testing to remind me to write it down that test was done.</i></p>	<p style="text-align: center;"><i>5/06/2021</i></p>

Licensee's/Administrator's Signature: Myrna Domingo

Print Name: Myrna Domingo

Date: 6/15/2021



Licensee's/Administrator's Signature: Myrna Domingo

Print Name: Myrna Domingo

Date: 6/30/2021