Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Loretta G. Domingo	**CHAPTER 100.1**
Address: **1419 Ala Leleu Street, Honolulu, Hawaii 96818**	**Inspection Date: December 11, 2020 Annual**

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
☒	§11-100.1-8 Primary care giver qualifications. (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH; **FINDINGS** Primary Care Giver (PCG) – No documented evidence of current annual cardiopulmonary resuscitation (CPR) and First Aid certification.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-8 (a)(9) I wasn't able to attend a class due to the Pandemic virus. My instructor sent me a certification card electronically. STATE OF HAWAII DOH-OHCA STATE LICENSING 21 MAR -2 A9:53	2/22/21

MEDIC First Aid

MEDIC First Aid International
1450 Westec Drive
Eugene, OR 97402
800-447-3177

Sunday, February 21, 2021

CONSTANTE DOMINGO

Dear CONSTANTE

Congratulations on successfully completing your MEDIC First AidBasicPlus CPR, AED, and First Aid for Adults (G2015) class. In an effort to be more environmentally friendly your MEDIC First Aid Approved Training Center has chosen to issue your certification card electronically.

The digital certification card below is identical to a printed version of the card and documents that a properly authorized MEDIC First Aid Instructor evaluated your knowledge and hands on skills in accordance with the program standard. You may duplicate this page as needed to provide proof of your training.

Go online to access your HSI Passport and take advantage of the additional training resources available to you:

- Metronome for CPR Rate
- CPR and First Aid Skill Guides
- Digital download of Student Handbook
- Mobile Application Downloads
- E-mail Renewal Notification
- Rate Your Program Survey

Find the mobile app in the appstore on your smartphone or tablet.

Register now at **www.hsi.com/passport/**. Use the registration code 152758 to register.

Heartline Hawaii
98-1259 Mahipua,Attn Wayne Yasutomi
Aiea, HI 96701

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 MAR -2 A9 :55

CERTIFICATION CARD

BasicPlus
CPR, AED, and First Aid for Adults

CONSTANTE DOMINGO
has successfully completed and competently performed the required knowledge and skill objectives for this program.

Validation Code:C2406663871383102

Wayne Yasutomi	
Authorized Instructor (Print Name)	
3654	
Registry No.	
02/20/2021	**2/2023**
Class Completion Date	Expiration Date
808-485-1115	**THE968**
Training Center Phone No.	Training Center I.D.

G2015 GUIDELINES

MEDIC First Aid

This card certifies the above named individual has successfully completed the required objectives and hands-on skill evaluations to the satisfaction of a currently authorized MEDIC First Aid Instructor. This program conforms to the *2015 AHA Guidelines Update for CPR and ECC* and the *2015 AHA and ARC Guidelines Update for First Aid*. Expiration date may not exceed two years from month of class completion.

MEDIC First Aid

A member of the HSI family of brands

MEDIC First Aid International
1450 Westec Drive
Eugene, OR 97402
800-447-3177

Sunday, February 21, 2021

LORETTA DOMINGO

Dear LORETTA

Congratulations on successfully completing your MEDIC First AidBasicPlus CPR, AED, and First Aid for Adults (G2015) class. In an effort to be more environmentally friendly your MEDIC First Aid Approved Training Center has chosen to issue your certification card electronically.

The digital certification card below is identical to a printed version of the card and documents that a properly authorized MEDIC First Aid Instructor evaluated your knowledge and hands on skills in accordance with the program standard. You may duplicate this page as needed to provide proof of your training.

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Find the mobile app in the appstore on your smartphone or tablet.

Register now at **www.hsi.com/passport/**. Use the registration code 152758 to register.

Heartline Hawaii
98-1259 Mahipua,Attn Wayne Yasutomi
Aiea, HI 96701

CERTIFICATION CARD

BasicPlus

CPR, AED, and First Aid for Adults

LORETTA DOMINGO

has successfully completed and competently performed the required knowledge and skill objectives for this program.

Validation Code:C2406663871383101

Wayne Yasutomi	
Authorized Instructor (Print Name)	
3654	
Registry No.	
02/20/2021	**2/2023**
Class Completion Date	Expiration Date
808-485-1115	**THE968**
Training Center Phone No.	Training Center I.D.

GUIDELINES 2015

MEDIC First Aid

This card certifies the above named individual has successfully completed the required objectives and hands-on skill evaluations to the satisfaction of a currently authorized MEDIC First Aid Instructor. This program conforms to the *2015 AHA Guidelines Update for CPR and ECC* and the *2015 AHA and ARC Guidelines Update for First Aid*. Expiration date may not exceed two years from month of class completion.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-8 Primary care giver qualifications. (a)(9) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Have achieved acceptable levels of skill and training in first aid, nutrition, cardiopulmonary resuscitation, and appropriate nursing and behavior management as required for care of all residents admitted to the Type I ARCH; **FINDINGS** PCG – No documented evidence of current annual CPR and First Aid certification.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I have a reminder that this certification (that CPR and this) CPR & First. in my Calendar. My substitute will ~~does~~ double check to make sure that is filed.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** Substitute Care Giver (SCG) #1 – No documented evidence of current annual First Aid certification.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-9 I called my CPR & First Aid instructor and he issued a certification card electronically. STATE OF HAWAII DOH-OHCA STATE LICENSING 21 MAR -2 A9:53	2/22/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** SCG #1 – No documented evidence of current annual First Aid certification.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I have a calendar to remind the expiration of CPR & First aid. My substitute will double check to make sure that is filed.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** SCG #1 – No documented evidence of current annual CPR certification.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-9(f)(1) My CPR & First Aid instructor send and issued a certification card electronically. STATE OF HAWAII DCH-DHCA STATE LICENSING 21 MAR -2 A9:55	3/22/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** SCG #1 – No documented evidence of current annual CPR certification.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** my substitute will also have a CPR + first aid certificate. I have a calendar to remind me the expiration.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician ordered, "Aspirin 325mg 1 tablet PO," "Multivitamins 5 tabs daily," "Vitamin B12 1000mg 1 tab daily," "Ferrous sulfate 325mg 1 tab daily," and "Metamucil 2 rounded tsp 3 times a day." No medication labels observed on aforementioned medications.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** 11-100.1-15(a) all those medications have their own labels now. STATE OF HAWAII DOH-OHCA STATE LICENSING 21 MAR -2 A9:33	2/22/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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. **FINDINGS** Resident #1 – Physician ordered, "Aspirin 325mg 1 tablet PO," "Multivitamins 5 tabs daily," "Vitamin B12 1000mg 1 tab daily," "Ferrous sulfate 325mg 1 tab daily," and "Metamucil 2 rounded tsp 3 times a day." No medication labels observed on aforementioned medications.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** My substitute will assist the ~~resident~~ one make sure that this a medication level on the resident medication.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – No documented evidence of a December 2020 Medication Administration Record (MAR) available. No evidence prescribed medication were administered or refused by resident.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – No documented evidence of a December 2020 MAR available. No evidence prescribed medication were administered or refused by resident.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** my substitute will check the administration of the medication / the MAR and make sure it's filled.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – "Latanaprost 0.005% eye drops, 1 gtt to both eyes daily in evening," ordered by a physician on 11/18/2020. No documented evidence that medication was administered to resident or refused by resident from 11/24/2020 to present.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (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. **FINDINGS** Resident #1 – "Latanaprost 0.005% eye drops, 1 gtt to both eyes daily in evening," ordered by a physician on 11/18/2020. No documented evidence that medication was administered to resident or refused by resident from 11/24/2020 to present.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Substitute will be the one double check the discontinued of the medication and its filed.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – No documented evidence of monthly progress notes for November 2020.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – No documented evidence of monthly progress notes for November 2020.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** my executive will double check the monthly progress note is completed and filed.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; **FINDINGS** Resident #2 – No documented evidence of monthly weights recorded from August 2020 – November 2020.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; **FINDINGS** Resident #2 – No documented evidence of monthly weights recorded from August 2020 – November 2020.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Again my substitute will double check if the weekly weight (kilo) is taken and recorded in their file.	

Licensee's/Administrator's Signature: Loretta G. Domingo

Print Name: Loretta G. DOMINGO

Date: 8/27/21

Licensee's/Administrator's Signature: Loretta G. Domingo

Print Name: Loretta G. DOMINGO

Date: 6/9/21

Licensee's/Administrator's Signature: Loretta G. Domingo

Print Name: Loretta G. DOMINGO

Date: Feb. 22, 2021