

# 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 19, 2022 – 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**  
**JUL 22 2022**

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  <b>FINDINGS</b> Resident #1 – physician order dated 04-21-22 and primary care giver label read: <ul style="list-style-type: none"> <li>• “Tylenol 500 mg 1 tablet by mouth every 4 hrs. pm”</li> </ul> However, the April and May 2022 medication record read: <ul style="list-style-type: none"> <li>• “Tylenol 500 mg take 1 tablet by mouth QHS as needed”</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>    <i>yes</i></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>All soon the inspector left. I documented that the medication orders on the MAR is not the same written on label.</i></p>	<i>5/20/2022</i>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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.  <b>FINDINGS</b> Resident #1 – physician order dated 04-21-22 and primary care giver label read: <ul style="list-style-type: none"> <li>• “Tylenol 500 mg 1 tablet by mouth every 4 hrs. pm”</li> </ul> However, the April and May 2022 medication record read: <ul style="list-style-type: none"> <li>• “Tylenol 500 mg take 1 tablet by mouth QHS as needed”</li> </ul>	<p style="text-align: center;">PART 2 <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>Resident #1            When ever new medication is ordered by a physician. I will make sure it will transcribe to the medication Record exactly as it is written by the physician. Also, I ask my substitute caregiver also double check to make sure all medications is transcribe correctly as it was ordered.</p>	<p style="text-align: right;">5/20/2022</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (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.  <b>FINDINGS</b> Resident #1 – physician order dated 11-11-21 read, "Vitamin D3 1000 IU 2 p.o. QD." However, medication was not listed on the November 2021 medication record.	<p style="text-align: center;"><b>PART 1</b></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"/> §11-100.1-15 Medications. (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.  <b>FINDINGS</b> Resident #1 - physician order dated 11-11-21 read, "Vitamin D3 1000 IU 2 p.o. QD." However, medication was not listed on the November 2021 medication record.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?            Resident #1            All above medication is ordered by the physician and written in the physician form. I will <del>correctly</del> right away transcribe it to the MHR &amp; <del>also</del> also ask my substitute caregiver that work everyday to make sure that all medications are written in the medication administration Record.</p>	<p style="text-align: center;">5/20/2022</p>

Licensee's/Administrator's Signature:

M. Domingo

Print Name:

Myrna Domingo

Date:

6/9/2022

Licensee's/Administrator's Signature:

*Myrna Demings*

Print Name:

*Myrna Demings*

Date:

*7/06/2022*