

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Loretta G. Domingo	<b>CHAPTER 100.1</b>
<b>Address:</b> 1419 Ala Leleu Street, Honolulu, Hawaii 96818	<b>Inspection Date:</b> December 20, 2021 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.**

AUG 31 P2:51  
STATE OF HAWAII  
DEPARTMENT OF  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (a)(4)            No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH;</p> <p><b><u>FINDINGS</u></b>            Current ARCH license not posted in a conspicuous place.            License currently posted expired on 2/29/2020.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>License is posted in the living area.</i></p>	<p><i>8/31/22</i></p> <p>22 AUG 31 P2:51            STATE OF HAWAII            DEPARTMENT OF HEALTH            STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing.</u> (a)(4) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS.</p> <p>The license issued by the department shall be posted in a conspicuous place visible to the public, on the premises of the ARCH or expanded ARCH;</p> <p><b><u>FINDINGS</u></b> Current ARCH license not posted in a conspicuous place. License currently posted expired on 2/29/2020.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><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>On the future my substitute care giver will be mind to hang it. Every end of the month I have to make that it is posted on the wall.</i></p>	<p>22 AUG 31 P2:51</p> <p>STATE OF HAWAII DEPT. OF HEALTH DIVISION OF LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #2 – Physician ordered “No Added Salt” diet on 11/12/2021. No evidence of special menu created for resident.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Special diet was created for resident.</i></p>	<p><i>8/31/22</i></p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p>22 AUG 31 P2:51</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #2 – Physician ordered “No Added Salt” diet on 11/12/2021. No evidence of special menu created for resident.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>A writer memo + my sub to megin remind me to create a special diet menu for residents who are on special diet.</p>	<p>22 AUG 31 P2:51</p> <p>STATE OF HAWAII DEPT. OF HEALTH LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #3 – Physician ordered “Diabetic” diet on 10/22/2021. No evidence of special menu created for resident.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>A special diet menu was created for resident.</i></p>	<p><i>8/31/22</i></p> <p>22 AUG 31 P2:51</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #3 – Physician ordered “Diabetic” diet on 10/22/2021. No evidence of special menu created for resident.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>A wiffen went + my phib fite Craigie bend me to create a special diet for residents who are on special diet.</p>	<p>22 AUG 31 P2:51</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician ordered “Ferrous sulfate 325mg tab, give 1 tab PO daily” on 7/13/2021. Medication not documented on September 2021, October 2021, and November 2021 medication administration record (MAR).</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>	<p>22 AUG 31 P2:51</p> <p>STATE OF HAWAII DOH-CHDA STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered “Ferrous sulfate 325mg tab, give 1 tab PO daily” on 7/13/2021. Medication not documented on September 2021, October 2021, and November 2021 MAR.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Every month I will compare my medication list to the doctor's order. My substitute caregiver will check my work every first week of the month to avoid mistake.</p>	<p>22 AUG 31 P2:51</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician ordered “Ferrous sulfate 325mg tab, give 1 tab PO daily” on 7/13/2021. No documented evidence if medication was administered to or refused by the resident from 9/1/2021 to 11/30/2021.</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>	<p>22 AUG 31 P2:51</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Room #1 – Unlabeled “Triamcinolone Acetonide” cream left unsecured on resident dresser.</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 style="font-size: 1.2em;">All medication have been secured in my lock cabinet.</p>	<p style="font-size: 1.2em;">8/31/22</p> <p style="text-align: right;">22 AUG 31 P2:52</p> <p style="text-align: right; font-size: 0.8em;">STATE OF HAWAII HONOLULU STATE LICENSES</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Room #1 – Unlabeled “Triamcinolone Acetonide” cream left unsecured on resident dresser.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><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 create a procedure to secure medication + provide training to all my substitute caregivers.</i></p>	<p>22 AUG 31 P2:52</p> <p>STATE OF HAWAII DEPARTMENT OF SPRINTING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Unlabeled “Bioastin,” “Vitamin B12,” and “Hydrocortisone cream” found unsecured in resident’s dresser.</p>	<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p align="center"><i>medications have been secured in my lock cabinet.</i></p>	<p align="center"><i>8/31/12</i></p> <p align="center">22 AUG 31 P 2:52</p> <p align="center">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Unlabeled “Bioastin,” “Vitamin B12,” and “Hydrocortisone cream” found unsecured in resident’s dresser.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><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 will create a procedure to secure medication to make things to my satisfaction easier.</p>	<p>22 AUG 31 P2:52</p> <p>STATE OF HAWAII JON-OSHA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #2 – Physician evaluated resident's level of care as "ICF" level. Current facility is an ARCH, not an expanded ARCH. Please double check with physician to confirm resident's level of care.</p>	<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p align="center"><i>Resident was discharged to a foster home because of her ICF level of care.</i></p>	<p align="right"><i>8/21/22</i></p> <p align="right">22 AUG 31 P 2:52 STATE OF HAWAII DOH-080A STATE LIAISON</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #2 – Physician evaluated resident's level of care as "ICF" level. Current facility is an ARCH, not an expanded ARCH. Please double check with physician to confirm resident's level of care.</p>	<p align="center"><b>PART 2</b></p> <p align="center"><b><u>FUTURE PLAN</u></b></p> <p 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>In the future, I will ask for a physician's assessment for level of care &amp; accept residents only within my license capacity. A written resident will be posted to ARCH.</p>	<p align="center">22 AUG 31 P 2:52</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #3 – Physician evaluated resident's level of care as "Independent living." Current facility is an ARCH. Please double check with physician to confirm resident's level of care.</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 style="text-align: center;"><i>Physician re-evaluated resident level of care to be ARCH level.</i></p> <div style="text-align: right;"> <p>STATE OF HAWAII HHS-OSHA STATE LICENSING</p> </div>	<p style="text-align: right;">22 AUG 31 P2:52</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b><u>FINDINGS</u></b> Resident #3 – Physician evaluated resident's level of care as "Independent living." Current facility is an ARCH. Please double check with physician to confirm resident's level of care.</p>	<p align="center"><b>PART 2</b></p> <p align="center"><b><u>FUTURE PLAN</u></b></p> <p 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 will have a check list for my residents doctor's appt. to check for level of care if it had been assessed by the doctor before doing the appointment.</p>	<p align="center">22 AUG 31 P2:52</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b><u>FINDINGS</u></b> Resident #1, #2, #3, &amp; #4 – No documented evidence of current inventory of resident's belongings.</p> <p>Last inventory for: Resident #1 – 9/13/2020; Resident #2 – 7/11/2020; Resident #3 – 11/14/2019; Resident #4 – 10/14/2019.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>An inventory of my residents belongings have been done.</i></p>	<p>22 AUG 31 P2:52</p> <p>STATE OF HAWAII DOH-816A STATE LICENSING</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b>FINDINGS</b> Resident #1, #2, #3, &amp; #4 – No documented evidence of current inventory of resident's belongings.</p> <p>Last inventory for: Resident #1 – 9/13/2020; Resident #2 – 7/11/2020; Resident #3 – 11/14/2019; Resident #4 – 10/14/2019.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><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>On the residents' behalf I will write to the OAHU a reminder to do an inventory of their belongings.</i></p> <p>STATE OF HAWAII DHE-643A STATE LICENSING</p>	<p>22 AUG 31 P2:52</p>

Licensee's/Administrator's Signature: Loretta Doming

Print Name: LORETT DOMING

Date: 8/31/22

STATE OF HAWAII  
DEPT. OF LAND & NATURAL RESOURCES  
STATE LICENSING

22 AUG 31 P2:52