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Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Domingo's Care Home	CHAPTER 100.1
Address: 74-828 Ulua'oa Street, Kailua-Kona, Hawaii 96740	Inspection Date: May 16, 2024 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

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STATE OF OHIO
DEPARTMENT OF HEALTH

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies. (g)</u> An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p>FINDINGS</p> <ol style="list-style-type: none">1. Resident #1- Inventory of all personal items not current, last maintained in year 2022.2. Resident #2- Inventory of all personal items not current, last maintained in year 2022.	<p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>yes. I count all personal items in the closet for each residents. now its current.</i></p>	<p><i>5/17/24</i></p>

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STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE SERVICES

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p>FINDINGS</p> <ol style="list-style-type: none">1. Resident #1- Inventory of all personal items not current, last maintained in year 2022.2. Resident #2- Inventory of all personal items not current, last maintained in year 2022.	<p>PART 2</p> <p><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 to prevent deficiency from happening again, I as a primary caregiver will complete personal inventory annually & will be place in each patient chart.</i></p>	<p><i>5/17/24</i></p>

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SUPP
CARE

	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>FINDINGS Resident #3- Physician ordered on 6/15/23 for "Baza Protect Topical Cream", however medication was not available during the time of inspection.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes, baza Protect Topical cream was purchased for patient use if needed.</i></p>	<p><i>5/17/24</i></p>

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STATE OF TEXAS
DEPARTMENT OF HEALTH
OFFICE OF SUPERVISOR OF NURSING

	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><u>FINDINGS</u> Resident #3- Physician ordered on 6/15/23 for "Baza Protect Topical Cream", however medication was not available during the time of inspection.</p>	<p>PART 2</p> <p><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 to prevent deficiency from happening again, I as a primary caregiver will create a checklist to make sure all medications available as order by physician. I will place the checklist with the residents chart. I will refer to this checklist when I do my monthly audit.</i></p>	<p>5/17/24</p>

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SEARCHED
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day:</p> <p>FINDINGS</p> <ul style="list-style-type: none">• On 5/31/23- No documented time of when fire drill ended.• On 7/1/23- No documented time of fire drill, incomplete narrative, and no documented participants.• On 10/1/23- No documented time of when the fire drill occurred.	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day:</p> <p>FINDINGS</p> <ul style="list-style-type: none">• On 5/31/23- No documented time of when fire drill ended.• On 7/1/23- No documented time of fire drill, incomplete narrative, and no documented participants.• On 10/1/23- No documented time of when the fire drill occurred.	<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>In the future to prevent the deficiency from happening again, I as Primary caregiver will create a fire drill form to include start of time, description, participants & end time. This fire drill Form will be placed in fire drill Binder when I do my quarterly audit & will train my SCG to the same.</i></p>	<p style="text-align: right;"><i>5/17/24</i></p>

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STATE OF
STATE OF TEXAS

Licensee's/Administrator's Signature: *Myrna Domingo*
Print Name: Myrna Domingo
Date: ~~May 22, 2024~~ 6/25/24