

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING SECTION

Facility's Name: Domingo's Care Home	CHAPTER 100.1
Address: 74-828 Ulua'oa Street, Kailua-Kona, Hawaii 96740	Inspection Date: May 6, 2025 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).

	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><u>FINDINGS</u> Resident #1- No documented evidence of a monthly progress note written for June 2024, August 2024, October 2024, and November 2024.</p>	<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>	<p>25 MAY 22 12:29</p> <p>STATE OF MICHIGAN STATE CLERK</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>FINDINGS Resident #1- No documented evidence of a monthly progress note written for June 2024, August 2024, October 2024, and November 2024.</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>Revised 1</i> A reminder note using post-it has been placed on residents binder, to ensure progress notes will done monthly.</p>	<p style="text-align: right; font-size: 2em;"><i>5/19/2025</i></p> <p style="text-align: center; font-size: 0.8em;">STATE OF CONNECTICUT DEPARTMENT OF CORRECTIONS MAY 22 12 29</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>FINDINGS Resident #1- No documented evidence of effectiveness for PRN Glucerna order given on 4/9/25 to 4/12/25.</p>	<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>	<p>STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES SHELTON</p> <p>25 MAY 22 PM 2:30</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><u>FINDINGS</u> Resident #1- No documented evidence of effectiveness for PRN Glucerna order given on 4/9/25 to 4/12/25.</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>Resident 1 To prevent doesn't happen again. I will double check the monthly MAR, to ensure documentation of PRN medication result. if there is effectiveness or ineffective.</p>	<p style="text-align: right;">5/19/2025</p> <p style="text-align: right;">25 MAY 22 P12:30</p> <p style="text-align: right; font-size: small;">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)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1- Physician ordered blood sugar checks twice a day; however, no documented evidence that blood sugar was checked in the morning on 11/19/24.</p>	<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> <p style="text-align: right;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES STAFFELDER, JMS</p>	<p>'25 MAY 22 P12:30</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1- Physician ordered blood sugar checks twice a day; however, no documented evidence that blood sugar was checked in the morning on 11/19/24.</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>Resident #1</i> In the future I will double check the MAR monthly to ensure treatment and ^{services} are rendered as ordered.</p>	<p style="text-align: center;">5/19/2025</p> <p style="text-align: center;">25 MAY 22 PM 2:30</p> <p style="text-align: center;">STATE OF OHIO BOA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p>FINDINGS Primary caregiver (PCG) leave notification documented from 1/12/25 to 1/31/25; however, Mupirocin 2% topical ointment was documented as given by the PCG for the aforementioned dates.</p>	<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> <p style="text-align: right;">STATE OF DEPT. OF STATE LICENSING</p>	<p>25 MAY 22 PM 2:30</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> PCG leave notification documented from 1/12/25 to 1/31/25; however, Mupirocin 2% topical ointment was documented as given by the PCG for the aforementioned dates.</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>Resident #</i></p> <p><i>In the future I will ensure my substitute care givers initial/sign the MAR of medication/treatment given on the correct date, I let my case manager to double ^{check} the MAR while I'm leave of absence.</i></p>	<p style="text-align: center;"><i>5/19/2025</i></p> <p style="text-align: right;">25 MAY 22 P12:30 STATE OF NEW YORK STATE ELECTIONS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards. (e)</u> Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations.</p> <p>FINDINGS Resident #1- No documented evidence of an annual dental examination since admission date 2/27/24.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Resident #1</i> <i>The deficiency was corrected</i> <i>obtained</i> <i>1 dental examination on</i> <i>5/16/2025.</i></p>	<p style="text-align: right;"><i>5/16/2025</i></p> <p style="text-align: center;">25 MAY 22 P12:30</p> <p style="text-align: center;">STATE OF ILLINOIS EXPIRES STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-20 <u>Resident health care standards</u> , (e) Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations. <u>FINDINGS</u> Resident #1- No documented evidence of an annual dental examination since admission date 2/27/24.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>Resident</i></p> <p>I will use OHCA admission re-admission Checklist to ensure all required document are available, after completing the checklist, I will review all the checklist are filled complete. Use post-it ^{note} as a reminder.</p>	<p style="text-align: right;">5/19/2025</p> <p style="text-align: right;">*25 MAY 22 PM 2:30</p> <p style="text-align: right; font-size: small;">STATE OF OHIO DEPARTMENT OF STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p>FINDINGS Resident #1- No documented evidence of immunizations for pneumococcal and influenza as an expanded resident.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>Yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Resident</i> Before admission I ask the preference of resident immunization for influenza & pneumococcal vaccine if resident refuse, I will make a note to sign by POA & doctor.</p>	<p style="text-align: right;"><i>5/19/2025</i></p> <p style="text-align: right;">25 MAY 22 112:30</p> <p style="text-align: right; font-size: small;">STATE OF MISSISSIPPI DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1- No documented evidence of immunizations for pneumococcal and influenza as an expanded resident.</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>Resident #1</i></p> <p><i>I will use OHCA admission Re-admission checklist to ensure all required document are available. Use 15 evidence for immunization use post-it ^{note} as a reminder.</i></p>	<p style="text-align: right;">25 MAY 22 12:30</p> <p style="text-align: right;">STATE OF OHIO BUREAU OF HEALTH SERVICES</p>

Licensee's/Administrator's Signature: Myrna Domingo

Print Name: Myrna Domingo CFO

Date: 5/20/2025

STATE OF CALIFORNIA
DEPARTMENT OF
STATE LICENSING

25 MAY 22 PM 2:30