

Foster Family Home - Deficiency Report

Provider ID: 1-210015

Home Name: Editha Domaoal, CNA

Review ID: 1-210015-3

1429 Kamehameha IV Road

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 12/28/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 1/28/22.

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No current APS/CAN and fingerprints for CG #1, CG #2, and HHM #2. Expired on 10/28/2021.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - All CG's and HHM's need proof of a current TB clearance. Expired on 10/19/2021.

41.(b)(8) - CG #1 obtained CPR/First Aid on internet. CPR/First Aid expired on 9/8/2021 for CG #2 and CG #3. No current Blood Borne Pathogen certification for CG #2 and CG #3.


Compliance Manager


Primary Care Giver


Date


Date