

# Foster Family Home - Deficiency Report

Provider ID: 1-180081

Home Name: Evangeline Domingo, CNA

Review ID: 1-180081-9

1140 Kamehameha IV Road

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 5/4/2023

## Foster Family Home Required Certificate [11-800-6]

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

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 5/4/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## 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.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG# 5 (HHM# 8). Expired on 12/21/2022.

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG #1 and #2. CG #4 CPR was lapsed, CPR was due on/before 1/14/2023, and was completed on 3/29/2023.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 4. CG# 4 requires 12 hours of in-service training, but had only zero hours attended in 2022-2023.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client #1 and Client #2 for CG# 4.

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3 Person Fire Safety,  
Natural Disaster


3 Person Fire Safety


(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

3P.b..6 - CG #4 did not have evidence of conducting a monthly fire drill within the past 12 months.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

5/4/2023  
\_\_\_\_\_  
Date

5/4/23  
\_\_\_\_\_  
Date