

# Foster Family Home - Deficiency Report

Provider ID: 1-230037

Home Name: Cedito L. Domingo, NA

Review ID: 1-230037-1

99-137 Ohekani Loop

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 5/30/2023

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

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 6/30/23.

## 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 #2 and CG #3.

## Foster Family Home Personnel and Staffing [11-800-41]

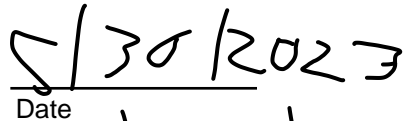
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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)(8) - No current CPR/First Aid for CG #1 and CG #2. No current Blood Borne Pathogen certification for CG #1, CG #2, and CG #3.

  
Compliance Manager

  
Date 5/30/2023

  
Primary Care Giver

  
Date 5/30/23