

# Foster Family Home - Deficiency Report

Provider ID: 1-562109

Home Name: Gina Domingo, CNA

Review ID: 1-562109-14

94-1027 Paiwa Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 7/21/2023

## 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 recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection.

## Foster Family Home Background Checks [11-800-8]

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

Comment:


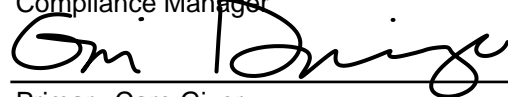
8.(a)(2)- HHM#2 and HHM#3's APS/CAN lapsed on 2/1/23 and no current results were present.

## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#3 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

  
Compliance Manager  
  
Primary Care Giver

7/21/23  
Date  
7/21/23  
Date