

# Foster Family Home - Deficiency Report

Provider ID: 1-210009

Home Name: Jeany Flor Domingo, CNA

Review ID: 1-210009-7

2001 Uhu Street

Reviewer: Maribel Nakamine

Honolulu

HI

96819

Begin Date: 11/6/2023

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days (issued on 11/6/23).

Foster Family Home	Fire Safety	[11-800-46]
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46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No nighttime monthly fire drill for the past 12 months.

Foster Family Home	Client Account	[11-800-48]
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48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

48.(b)(1) Commingled with those of the home, the primary or substitute caregivers, other household members, or other clients; or

48.(b)(2) Used as the home funds or petty cash.

Comment:

48.(a), (b)(1), (b)(2)- Client#2 was charged for food, snacks and wipes according to the Client's Personal Allowance Expense Record. There were no receipts present for those items.

Foster Family Home	Records	[11-800-54]
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54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

Comment:

54.(b)- No caregiver's signature after each dated entries in Client #1's observation/progress notes.

*Maribel Nakamine, RN*

Compliance Manager

Date

*11/6/23*

*DO Mus*

Primary Care Giver

Date

*11/6/23*

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800**

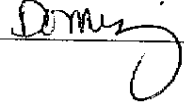
PCG's Name on CCFFH Certificate: Jeany Flor Domingo

(PLEASE PRINT)

CCFFH Address: 2001 Uhu Street Honolulu Hawaii 96819

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
46.(a)	Monthly Fire Drill form already done. Signed form is in the home binder.	Nov. 10, 2023	Caregiver #1 will use a spreadsheet on laptop to identify all the requirements.
48.(a),(b) (1),(b)(2)	Personal Allowance expense record for client #2 was done by Caregiver #1. It was placed into client's record.	Nov. 12, 2023	Caregiver #1 will save all the receipts and record all client's personal funds received and expended. Home will use a spreadsheet to write down all the requirements needed.
54.(b)	Observation/Progress notes for client #1 was done and signed	Nov. 18, 2023	Caregiver #1 will use a spreadsheet on laptop to identify all the requirements.

☒ All items that were corrected are attached to this POCPCG's Signature: Date: Nov. 19, 2023☒ CTA has reviewed all corrected items