

Foster Family Home - Deficiency Report

Provider ID: 1-590746

Home Name: Milagros Domingo, CNA

Review ID: 1-590746-19

1900 Gulick Avenue

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 7/24/2024

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 7/24/2024).

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:

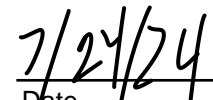
43.(c)(3): No evidence of RN delegation tasks of oxygen and rectal suppository administration for all caregivers by client #2's case management agency.



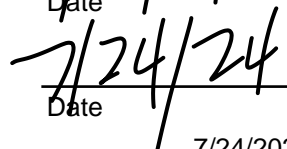
Compliance Manager



Primary Care Giver



Date



Date