

Foster Family Home - Deficiency Report

Provider ID: 3-559982

Home Name: Princess Joy Domingo, CNA

Review ID: 3-559982-16

73-1340 Kaiminani Drive

Reviewer: David Ayling

Kailua-Kona HI 96740

Begin Date: 8/13/2024

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

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 9/13/24.


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;

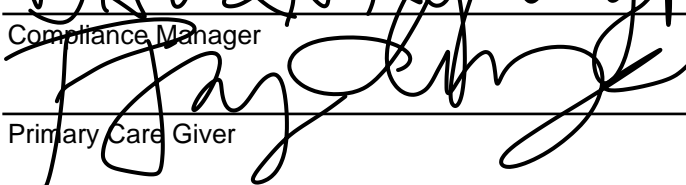
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

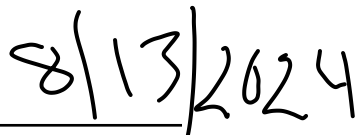
8.(a)(1)(2) - APS/CAN expired on 10/13/2023 for HHM#2. eCrim expired on 10/13/2024 for HHM#2. Done on 7/10/2024. No first year APS/CAN and fingerprints for HHM #3.



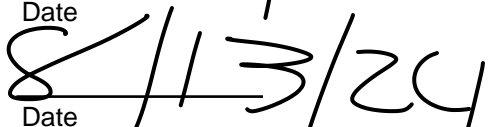
Compliance Manager



Primary Care Giver



Date



Date

8/13/2024 3:38:29 PM