

Foster Family Home - Deficiency Report

Provider ID: 1-230079

Home Name: Rxy James E. Domingo,
CNA

Review ID: 1-230079-3

94-428 Hiapaiolo Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/25/2024

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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/25/24).

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:


41.(b)(7)- CG#1's TB clearance lapsed on 2/14/24 and was not renewed until 7/25/24. CG#2's TB clearance lapsed on 6/1/24 and was not renewed until 7/25/24.

Foster Family Home Physical Environment [11-800-49]


49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- No non-slip surface present in clients' bathroom shower/bathtub floor.



Compliance Manager



Primary Care Giver

7/25/24

Date

7/25/24

Date