

Foster Family Home - Deficiency Report

Provider ID: 1-210015

Home Name: Editha Domaol, CNA

Review ID: 1-210015-9

1429 Kamehameha IV Road

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 10/2/2024

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 10/0/2024).

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(5): No documentation provided by CCFFH of insurance policy coverage of alternate driver and no driver's license provided. Unable to review if insurance meets minimum coverage requirements.

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

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): Camera/monitors in use in client #1 and client #2's bedrooms. No evidence provided by CCFFH of written consent/acknowledgment by clients/POA for use of camera/monitors.

Foster Family Home Records [11-800-54]


54.(a)(3) A list of applicable community resources.

Comment:

54.(a)(3): No community resource list/book present nor did CCFFH have electronic access to one.



Compliance Manager



Primary Care Giver

10/2/24
Date
10/2/24
Date