

# Foster Family Home - Deficiency Report

Provider ID: 1-563545

Home Name: Rochelle R. Domingo, CNA

Review ID: 1-563545-20

94-390 Hoaeae Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 8/30/2024

## 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 3 bed re-certification inspection.

Client #2 is missing the form 1147.

Client #3 is missing the form 1147.

Deficiency Report issued during CCFFH inspection via email on 8/30/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## Foster Family Home Background Checks [11-800-8]

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2) APS/CAN checks were overdue for CG# 2 and CG#3.

APS/CAN was due on or before 11/10/2023 and is not present in the CCFFH file.

8(c) State Name Check (eCrim) was overdue for CG#3. State Name Check (eCrim) was due on or before 11/01/2021 and is not present in the CCFFH file.

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Foster Family Home

Personnel and Staffing

[11-800-41]

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1, CG#2, CG#3, and HHM# 3. CG#1 TB clearance is missing, none on file. CG#2 TB clearance expired, was due on/before 9/29/2023. CG#3TB clearance expired, was due on/before 11/23/2023.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#1, CG#2, and CG#. CG#1 CPR was expired on 10/31/2023 and no new on file. CG#1 First Aid is missing from file. CG#2 CPR/1st aid expires 10/1/2023. CG#3 CPR and First Aid is missing from file.

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours CG#2 and CG#3 (NA) worked in a day or week.

3 Person Fire Safety,  
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly and included each CG at least once per year. Last fire drill conducted was on 8/2/2023. CG#2 and CG#3 did not conduct a fire drill for the past 12 months.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]


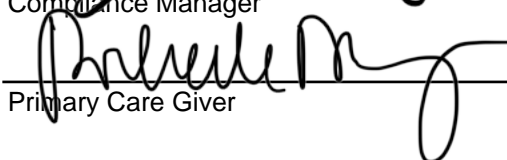
54.(a)(3) A list of applicable community resources.


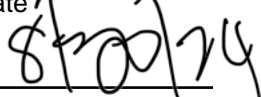
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54(a)(3) The CCFFH did not have a list of applicable community resources.

54(c)(2) No current service plan present for Client# 3. None are in the records.  
No current signatures of the client POA for Client #2.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date