

# Foster Family Home - Deficiency Report

Provider ID: 1-240014

Home Name: Margarita S. Domingo, NA

Review ID: 1-240014-2

1619 Hoolehua Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 3/18/2024

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

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

Comment:


6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 4/18/24.


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

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

Comment:

41.(b)(8) - CG #1 needs proof of a current CPR/First Aid certification from an approved provider.

  
Compliance Manager  
Date 3/18/2024

  
Primary Care Giver  
Date 3/18/2024