

# Foster Family Home - Deficiency Report

Provider ID: 1-588527

Home Name: Marissa Domingo, CNA

Review ID: 1-588527-16

91-708 Aikanaka Road

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 7/10/2025

## 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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 7/10/2025).

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

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1): No evidence present in CCFFH records of TB clearances of 3 household member minors. No prior to documentation.

## Foster Family Home Records [11-800-54]

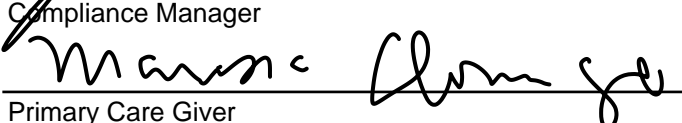
54.(c)(5) Medication schedule checklist;

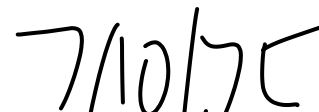
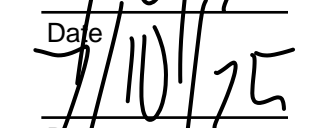
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5): No evidence present in client records of daily documentation of administration of medication for client #2 since 6/14/2024. No documentation noted for client #3's Quetiapine since medication started on 06/07/24.

54.(c)(5)(6): Evidence of documentation of medications and services prior to services provided for client #1, #2, and #3. Inspection occurred on 7/10/2025 CCFFH documented for 7/11/2025 morning and evening medications/tasks.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date  
