

Foster Family Home - Deficiency Report

Provider ID: 1-562109

Home Name: Gina Domingo, CNA

Review ID: 1-562109-18

94-1027 Paiwa Place

Reviewer: Angel England

Waipahu

HI 96797

Begin Date: 8/19/2025

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 annual inspection completed for 3 bed CCFFH.

Deficiency report issued during inspection with a plan of correction due to CTA within 30 days.

Foster Family Home

Fire Safety

[11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46(b)(2) No fire drill present in record completed by CG#3 in the past 12 months.

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

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

Comment:

(3P)(b)(6) see previous comment

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

49(a)(5)No fire extinguisher present in home. Caregivers stated they have to pick up another one - previous one expired.

Foster Family Home

Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50(e) There is no intercom, doorbell or other device present on driveway gate that would allow a visitor or any type of inspector/surveyor to be able to alert someone inside the CCFFH that someone is outside that needs to be let in.

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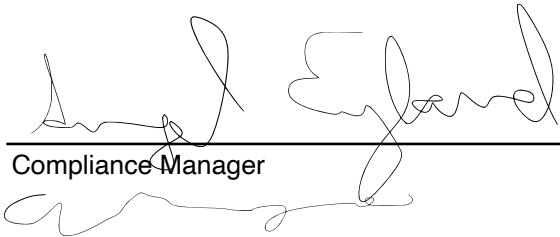
Records

[11-800-54]

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

Comment:

54(c)(5) Medication discrepancy noted. Md visit on 8/12/25 say "see List" for current medication. The last AICMC medication list in record that is signed by a MD is 9/13/22. Tube of Erythromycin OP: 5 Mg/GM Ointment apply topically into right eye once daily label says originally filled 4/23/25. Current Rx filled on 8/12/25 (date of last eye doctor visit). Erythromycin is not listed on MAR. Bacitracin ointment 1 gtt OD once daily is on MAR no medication present.



Compliance Manager

Primary Care Giver

08/19/2025

Date

8/19/25

Date