

Foster Family Home - Deficiency Report

Provider ID: 4-160092

Home Name: Kathleen Pascua Domingo,
NA

Review ID: 4-160092-16

74 Puukani Street

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 9/9/2025

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

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 10/9/25.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - eCrim expired on 7/23/2025 for CG #1 and CG #2. Renewed on 9/2/2025.

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 proof of current Auto insurance for CG #1.

Compliance Manager

Primary Care Giver

Date

Date

9/9/2025 10:49:21 AM