

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]

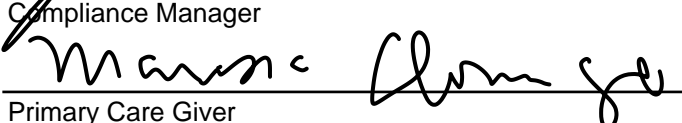
54.(c)(5) Medication schedule checklist;

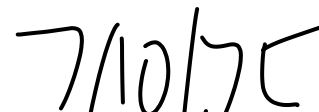
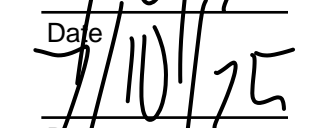
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to 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
7/10/2025 2:13:14 PM

CTA RN Compliance Manager:

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

 PCG's Name on CCFFH Certificate: Marissa Doming
(PLEASE PRINT)

 CCFFH Address: 91-708 Aikana Ka Rd. Ewa Beach HI 96706
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41(F)1	I have let my 3 household member minors complete their TB clearance. Results filed on my Administrative Records/Binder.	7/28/25	I have made checklist of all requirements for my SCG's/household members. On the checklist are the requirements, the date they were initially done and the dates of renewal. I will be checking the checklist quarterly to determine which requirements will be expiring. This will give me and my SCG's/HH members enough time to renew or complete the expiring documents such as TB clearance. I have marked also on my calendar the dates I need to review requirements using the checklist.
54(c)(5)	Medication documentation	7/10/25	I have put on my reminder board that I need to document on the Medication log every time I have administered a medication. And that I will double check the date to prevent errors in medication administration. This will promote accurate medication administration and documentation.
54(c)(5) (6)	can not be corrected. Preventive strategy created.		

☒ All items that were corrected are attached to this POC

 PCG's Signature: Marissa Doming

 Date: 8-11-2025
☒ CTA has reviewed all corrected items