

Foster Family Home - Deficiency Report

Provider ID: 1-230079

Home Name: Rexy James E. Domingo,
CNA

Review ID: 1-230079-5

94-428 Hiapaiole Loop

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 8/26/2025

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 8/26/2025).

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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): No evidence present in CCFFH records of sex offender registry searches completed for CG#1, CG#2, and CG#3.

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Personnel and Staffing

[11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA Prometric Registry check for CG#1.

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Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No evidence present in client records of RN delegations of any tasks were signed by client #1's case management agency for CG#3.

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Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

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

Comment:

46.(a): No evidence present in CCFFH records of fire drills were conducted monthly. No fire drill conducted in 9/2024.

46.(b)(2): No evidence present in CCFFH records of CG#2 conducted a fire drill in the past 12 months.

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Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): No evidence present in client records of written consent/acknowledgement signed by client/POA of use of camera/monitor in client bedroom for client #1 and client #2.

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Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

Comment:

54.(c)(2): No documentation present in client records of client/POA signature of current service plan for client #1.

54.(c)(5): No supply of Kerendia medication on hand since 8/25/2025 and waiting for refill for client #1 per CG#1. CCFFH signed medication administration for Kerendia medication on 8/26/2025.



Compliance Manager
B. Miller
Primary Care Giver



8/26/25
Date
8/26/25
Date