

Foster Family Home - Deficiency Report

Provider ID: 1-595829

Home Name: Leilani B. Domingo, CNA

Review ID: 1-595829-16

94-458 Alapine Street

Reviewer: Laurie Vosler

Waipahu

HI 96797

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) - Unannounced annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 10/09/2025.

Please note: Deficiencies identified as repeat violations from a previous inspection requires that you identify a new prevention strategy from ones attempted in the past, to ensure compliance moving forward.

42. The CCFFH did not have a 1147 for client 1 and Client 3 1147 expire 12/2024

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

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:

41.(a)(2) The CCFFH was missing prometric checks for caregivers 1, 3, & 4

41.(b)(7) The CCFFH caregiver 3 did not have current TB clearance

41.(f)(1) for HHM 2 expired 2024, and HHM 3 was on the wrong form

Foster Family Home 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;

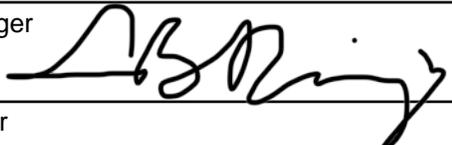
Comment:

54.(c)(2) The service plan for client 1 and 3 did not include a signature from the client/legal representative

54.(c)(5) Client 3 had an order for Haldol PRN and the CCFFH did not have Haldol in client supply



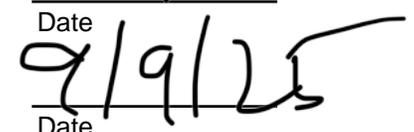
Compliance Manager



Primary Care Giver



Date



Date