

Foster Family Home - Deficiency Report

Provider ID: 1-590746

Home Name: Milagros Domingo, CNA

Review ID: 1-590746-21

1900 Gulick Avenue

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 9/12/2025

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 visit made for a 3 bed re-certification inspection.

Client#1 does not have a Form 1147 present on file.

Deficiency Report issued during CCFFH inspection via email on 9/12/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

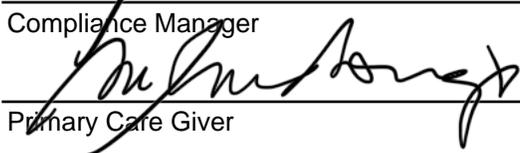
Foster Family Home Records [11-800-54]

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:

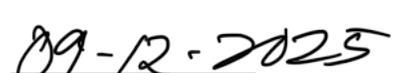
(c)(6) Client #1 did not have evidence of RN monthly visit notes for 6/2025 and 7/2025.



Compliance Manager


Primary Care Giver



Date


Date