

Foster Family Home - Deficiency Report

Provider ID: 3-559982

Home Name: Princess Joy Domingo, CNA

Review ID: 3-559982-18

73-1340 Kaiminani Drive

Reviewer: Ryan Nakamura

Kailua-Kona

HI

96740

Begin Date: 8/29/2025

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 via email on 9/03/2025 with written plan of correction due to CTA within 30 days.

6.(d)(1): Evidence present in client records of current 1147 assessment was signed by RN for client #1, a private pay client. Private pay client's 1147 must be signed by physician.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1): Evidence of lapse present in CCFFH records of criminal background check for CG#5. Background check was due by 3/21/2025 and completed 5/26/2025.

8.(a)(2): Evidence of lapse present in CCFFH records of APS/CAN clearance for CG#5. APS/CAN clearance was due by 3/21/2025 and completed 5/30/2025.

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

41.(a)(1) Reside in the community care foster family home;

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

Comment:

41.(a)(1): CCFFH has been working with the DPP from 2015 through the last entry on the DPP website which is March 2022 to add an interior stairwell to make the building a single family residence. At the time of the inspection, the PCG does not have a bedroom in the CCFFH. PCG states she sleeps on a pull out couch in the living room area. PCG's are required to have a bedroom and live in the CCFFH. Since there is no internal stairwell connecting the upstairs house with the downstairs house, the PCG is considered not to be living in the CCFFH.

41.(b)(7): Evidence present in CCFFH records of lapse of TB clearance for CG#3. TB clearance was due by 12/18/2024 and completed 2/18/2025.

Foster Family Home 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.

Comment:

46.(a): No documentation present in CCFFH records of monthly fire drills were conducted from 08/2024 to 12/2024.

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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): Cameras present in common living area and client bedrooms. No evidence present in client records of written consent/acknowledgement signed by client/client's POA for use of camera/monitors in common area and client bedrooms for client #1 and client #2.

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;

Comment:

54.(c)(2): No signature present by client/POA of current service plan for client #2.



Compliance Manager

9/25/25

Date

Primary Care Giver

Date

Foster Family Home Deficiency Report

Foster Family Home

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): Cameras present in common living area and client bedrooms. No evidence present in client records of written consent/acknowledgement signed by client/client's POA for use of camera/monitors in common area and client bedrooms for client #1 and client #2.

Foster Family Home


Records

[11-800-54]

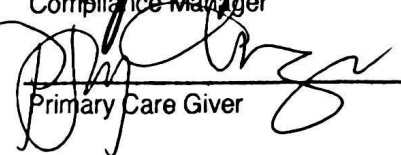
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2): No signature present by client/POA of current service plan for client #2.



Compliance Manager



Primary Care Giver



Date



Date

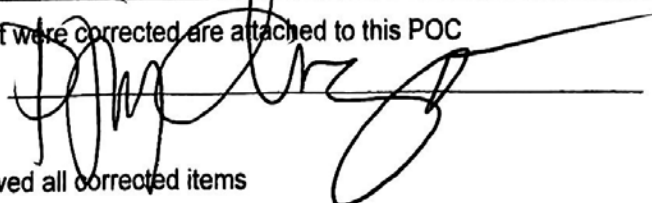
CTA RN Compliance Manager: RYAN NAKAMURA

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

PCG's Name on CCFFH Certificate: PRINCESS JOY DOMINGO
(PLEASE PRINT)

CCFFH Address: 73-1340 KAIMINANI DR. KAILUA KONA HI 96740
(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?
6(d)(1)	Called clinic and asked them if PCP can review the 1147 and sign. PCP signed.	9/18/25	Home will make a calendar reminder when its time to renew and remind CMA. PCG will make sure that all important documents for the PCP are all signed and put them in clients binder.
8(a)(1)	Lapse can not be corrected	5/26/25	Home will use spreadsheets to put all dates on criminal background checks 1-2 weeks prior to expiration.
8(a)(2)	Lapse can not be corrected	5/30/25	Home will use spreadsheets or calendar reminder to monitor documents that needs to renew 1-2 months before due date.
41(a)(1)	Went to county to get update for my permit. brother in law and spouse started my stairs.	9/29/25	Upon the home improvement being complete, the PCG has been easy to access and monitor clients safety. PCG will make sure to make a Note/ calendar reminder what need to be done for CCFFH.
41(b)(7)	Lapse can not be corrected	2/18/25	Home will use spreadsheet to keep track on TB clearance renewals 1 month before due date and remind Scg.

All items that were corrected are attached to this POC
PCG's Signature:  Date: 10/03/2025

CTA has reviewed all corrected items

CTA RN Compliance Manager: RYAN NAKAMURA

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

PCG's Name on CCFFH Certificate: PRINCESS JOY DOMINGO

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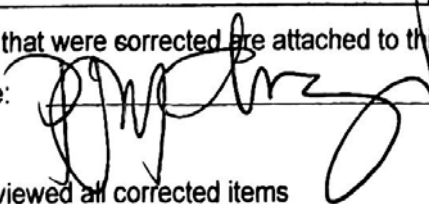
CCFFH Address: 73-1340 KAIMINANI DR. KAILUA KONA HI 96740

(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?
46(a)	Fire drill can not be corrected	9/29/25	To avoid. I put in my wall calendar to do monthly fire drill with different time and to remind my caregivers to do 1-2 times a year atleast.
49(b)(3)	Called POA and requested written consent for using camera monitor. client#1 client#2	9/8/25 9/9/25	PCG will make Note to cellphone/ laptop what documents needed and make sure all clients informations, safety & privacy will be filled and ask family/POA consent. All documents needed be place in their binder.
54(c)(2)	Called POA and requested if can sign document. Service pla signed by POA	9/6/25	PCG will have a spreadsheet to monitor documents needed to update or renew before the deadline. I will request from CMA every 6mos. to keep in clients record a current service plan at all times and make sure that POA has signed.

All items that were corrected are attached to this POC

PCG's Signature: _____



Date: 10/03/25

CTA has reviewed all corrected items