

Foster Family Home - Deficiency Report

Provider ID: 1-180022

Home Name: Remedios Salazar Domanico,
CNA

Review ID: 1-180022-15

94-534 Loaa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/14/2026

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 1-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 1/14/26).

PCG requested to decrease from a 2-bed to a 1-bed CCFFH.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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)(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)(2)- Client #1's Service Plan/HAP dated 4/1/25 without the POA's signature.

54.(c)(6)- No RN visit summary present in Client #1's chart/records for the months of October 2025 and November 2025.

Maribel Nakamine *RM* 1/14/26

Compliance Manager
[Signature] *CD* 1/14/26

Primary Care Giver
Date