

# Foster Family Home - Deficiency Report

Provider ID: 1-260002

Home Name: Ferdinand Domingo, NA

Review ID: 1-260002-1

94-231 Kahuamo Place

Reviewer: Laurie Vosler

Waipahu HI 96797

Begin Date: 2/3/2026

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. Report issued during CCFFH inspection with written plan of correction due to CTA by 02/13/2026.

## 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) Sex Offender Registry Check was not present in the CCFFH file for HHM# 1, 2, & 3.

8.(a)(1): NO Evidence in CCFFH records of Fingerprints/eCrim background check for HHM# 3.

8.(a)(2): NO Evidence in CCFFH records of APS/CAN clearance for HHM# 3.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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

Comment:

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG# 1. It was due on/before 02/01/2026.

41.(f)(1) No current TB clearance for HHM# 1, 2, & 3. TB exclusion form not appropriate.

## Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - NEW HOME APPLICATION, NO CLIENTS IN HOME. The CCFFH did not have evidence of a current liability insurance policy for the business.

NO PLAN OF CORRECTION NEEDED.

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Foster Family Home

Fiscal Requirements

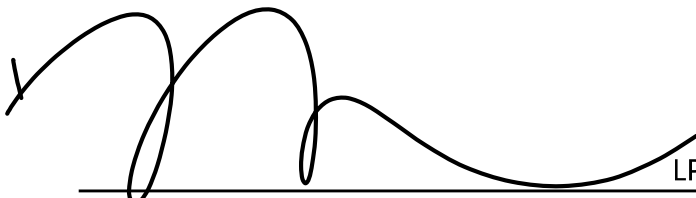
[11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

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Comment:

52.(a)1-3 were reviewed, no clients in home. New Application.

NO PLAN OF CORRECTION NEEDED.

  
\_\_\_\_\_  
Compliance Manager LPN

02/03/2026  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Primary Care Giver

02/03/2026  
\_\_\_\_\_  
Date