

Foster Family Home - Deficiency Report

Provider ID: 1-100073

Home Name: Iluminada Domingo, NA

Review ID: 1-100073-19

94-1177 Hoomakoa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/10/2025

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 2-bed recertification inspection.

Deficiency Report emailed to CCFFH with plan of correction within 30 days of issuance (issued on 10/16/25).

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 nighttime monthly fire drill conducted/completed for the past 12 months.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs.

Comment:

53.(b)(9)- CCFFH with use of video surveillance camera in Client #2's bedroom and in the CCFFH's living room. No consent was present from Client #2 or from the client's POA.

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;

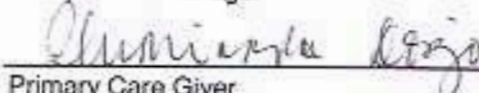
Comment:

54.(c)(2)- Client #2's Service Plan dated 8/14/25 without the client/POA's signature.

54.(c)(5)- Client #1's medication of Duloxetine label dosage 30mg did not match with client's Medication Administration Record(MAR)stated 60mg and MD's order of 60 mg.

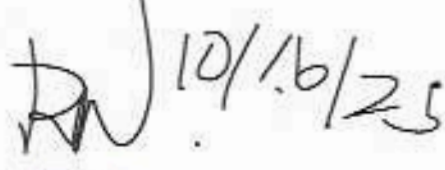


Compliance Manager



Primary Care Giver

Date


10/16/25

Date

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: ILUMINADA DOMINGO

CCFFH Address: 94-1177 HOOMAKOA ST. WAIPAHU, HI 96797
(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)	The fire drill has been conducted and recorded. Client #2 sly	10/15/25	The fire drill plan will be reviewed monthly with each CG in the home. Fire drills will be conducted at different times of the day, evening and night and will be recorded and promptly added on file after completion.
53.(b)(9)	PCG notified Client #1's POA about the video monitoring device and asked to write a written authorization for PCG.	10/10/25	Written authorization has been obtained. Future clients PCG will notify POAs if video monitoring is needed for safety.
54.(c)(2)	The POA signature of the service plan for client #2 has been signed and recorded.	10/10/25	The CMA of the client will be promptly notified of the service plan signature from the POA and the service plan renewal and at least two weeks prior to expiration.
54.(c)(5)	Medication discrepancy was corrected by clients hospice nurse and notified CMA about it.	10/13/25	Caregiver should always look at all the medication administration records and bottles to ensure they both match every time before giving a medication. Home will immediately notify CMA,hospice nurse if they are different.

All items that were corrected are attached to this POC

PCG's Signature: M Domingo

Date: 10/14/2025

CTA has reviewed all corrected items