Foster Family Home - Deficiency Report

Provider ID:	**1-180081**		
Home Name:	**Evangeline Domingo, RN**	**Review ID:**	**1-180081-15**
1140 Kamehameha IV Road		Reviewer:	Po Lim
Honolulu HI 96819		Begin Date:	5/5/2026

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 inspection for a 3 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 5/5/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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;

Comment:

8.(a)(1) Fingerprint was overdue for HHM#5. Fingerprint was due on or before 5/15/2026 and was not present in the CCFFH file.

8.(a)(1) Sex Offender check are not present for HHM#5.

Foster Family Home - Deficiency Report

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

41.(a)(2)	Be a NA, an LPN, or RN;
41.(b)(4)	Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
41.(b)(7)	Have a current tuberculosis clearance that meets department guidelines; and
41.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41(a)(2) CG#1 RN License is not in the file. Cannot verify and will Revert to CNA license for this inspection.
CG#2 CNA license expired on 11/30/2025 and no renew in the file.

CNA Prometric registry check are not present for CG#1.

41.b.4. Disclosure form was not up to date for CG#1.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#4.
CG#4 TB clearance expired, was due on/before 1/22/2026 and was not present in the file.

CCFFH did not have evidence of current TB clearance or exclusion for HHM#3, HHM#5, and HHM#6.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#1, CG#2, CG#3, and CG#4.
CG#1 CPR/1st aid expired 8/2/2025.
CG#2 CPR/1st aid expired 5/10/2025.
CG#3 CPR/1st aid expired 1/31/2026.
CG#4 CPR/1st aid expired 4/10/2026.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff

(3P)(b)(2) Staff	Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use recently at the CCFFH. Last used was 4/30/2026, on 5/5/2026 CG#1 (PCG) was not in the CCFFH.
CTA Compliance manager was unable to verify the number of hours CG#3 and CG#4 (NA) worked in a day or week.

Foster Family Home - Deficiency Report

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;
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) No current service plan present for Client#2. Last one in record is dated 4/26/2025.

54(c)(5) Client#1 MAR was not documented daily. Sheet not completed from 4/28/2026 through 4/30/2026, and on 5/4/2026.

Client#2 MAR was not documented daily. Sheet not completed from 5/1/2026 through 5/4/2026.

54(c)(6) Client#1 ADL and vitals flowsheet was not documented daily. Sheet not completed from 4/28/2026 through 4/30/2026.

Client#2 ADL and vitals was not documented daily. Sheet not completed from 4/28/2026 through 5/4/2026.

Compliance Manager — Date 5/5/2026

Primary Care Giver — Date 5/5/26

CTA RN Compliance Manager: Po Lim

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

PCG's Name on CCFFH Certificate: Evangeline Domingo
(***PLEASE PRINT***)

CCFFH Address: 1140 Kamehameha IV Road, Honolulu, HI 96819
(***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?
8(a)(1)	CCFFH Fingerpnnt scheduled 5/18 26 respectively Sex offender check for HHM#5 It was in the binder	5/18/26	CCFFH.In the future .made aware that all SCG/HHM be checked 2 months prior to expiration date and will place in my calendar/phone to prevent future lapses
41.(a)(2)	CG #1 RN License is on file CCFFH RN License was in the binder CCFFH LICENSE was in the binder CG #2 CNA license is on file	5/7/26	CCFFH will make sure that all pertinent documents should be with in the binder in its respective section, and make the binder more organize so its not miss out when time of visit
41(b)(4)	Disclosure form is updated CG#1	5/5/26	CCFFH In the future.I will be mindful to review and revised to include new details on file.I will make sure is made available in the binder at all times
41.(b)(7)	CCFFH Lapses cannot be corrected CG #4 made appointment 5/18/26 al 12 50 CCFFH CG#4 TB clearance is on file 1/13/26	5/18/26	CCFFH,In the future will set alert to all CG/HHM 2 months prior to expiration dates to prevent future lapses
	CCFFH HHM#3 [redacted] made an appointment to his PCP for TB clearance and will follow up. HHM#5 is in the binder dated 1/13/26. HHM#6 removed.	5/18/26	

☑ All items that were corrected are attached to this POC

PCG's Signature: Evangeline Domingo Date: 5/17/2026

☑ CTA has reviewed all corrected items

CTA RN Compliance Manager: Po Lim

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

PCG's Name on CCFFH Certificate: Evangeline Domingo
(***PLEASE PRINT***)

CCFFH Address: 1140 Kamehameha IV Road, Honolulu, HI 96819
(***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?
41.(b)(8)	CPR/lst Aide for CG#2 was in the binder CG#1 CG#3 CG#4 Attended the ciass/training end certificate	5/5/26	CCFFH will make sure in the future to make alert on my phonecalendar so with CG/HHMN 2 months prior to expiration dates to prevent future lapses
(3P)(b)(2)	CCFFH Sign out Sign in sheet signed by PCG and placed the number of hours for CG#3 CG#4 work in a day/wks respectively	4/22/26	CCFFH will made aware of the sign out sheet to sign every time and place in one area to prevent from targeting to sign .and place the total hours made by NA's work in a day/wk
54.(c)(2)	Service plan made available in this binder for the record	5/6/26	CCFFH will be aware to make sure the service plan is updated and place in the client binder at all times for references
54.(c)(5)	CCFFH Client #1 Lapses and corrected MAR was signed by CG on duty Likewise sheet was completed from 4/26/26 through 4/30'26 by CG on duty Client #2 MAR/Sheet was completed from 5/1/26 through 5/4/25 by CG on duty	5/5/26	CCFFH In the future will be aware and be mindful that MAR Sheel be sign at all times whenever giving service to client by assign CG.

☑ All items that were corrected are attached to this POC

PCG's Signature: Evangeline Domingo Date: 5/17/2026

☑ CTA has reviewed all corrected items

CTA RN Compliance Manager: Po Lim

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

PCG's Name on CCFFH Certificate: Evangeline Domingo
(***PLEASE PRINT***)

CCFFH Address: 1140 Kamehameha IV Road, Honolulu, HI 96819
(***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?
54,(c)(6)	ADL Client #1 Vitals flowsheet was documented from 4/28/26 throught 4/30/26 and signed by CG on duty ADL Client #2 Vitals flowsheet was documented from 4/28/26 through 5/4/26 and signed by CG on duty	5/5/26	CCFFH In the future will be aware and be mindful that ADL Sheel be sign at all times whenever giving service to client by assign CG.

☑ All items that were corrected are attached to this POC

PCG's Signature: Evangeline Domingo Date: 5/17/2026

☑ CTA has reviewed all corrected items