Foster Family Home - Deficiency Report

Provider ID:	**1-590746**		
Home Name:	**Milagros Domingo, CNA**	**Review ID:**	**1-590746-24**
1900 Gulick Avenue		Reviewer:	Maribel Nakamine
Honolulu HI 96819		Begin Date:	6/16/2026

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 made for a 3-bed recertification.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 6/16/26).

6.d.1- Client #3's 1147 expired on 2/1/26 and no current document was present in client's chart/records.

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)- Client #3's Service Plan/HAP dated 2/8/26 without the client's POA signature.
54.(c)(5)- Client #2's Medication Administration Record from 8/2025- 6/2026 of carvedilol dose (6.25mg) did not match the MD's order (12.5mg) and medication's label(12.5mg).

Maribel Nakamine RN 6/16/26

Compliance Manager — Date

Primary Care Giver — Date 6/16/26