

# Foster Family Home - Corrective Action Report

Provider ID: 1-558877

Home Name: Celeste Domingo, CNA

31-147 Fort Weaver Road

Ewa Beach HI 96706

Review ID: 1-558877-3

Reviewer: [REDACTED]

Begin Date: 7/9/2015

End Date: 7/10/15

## Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit for a 2 person recertification review made on 7/9/15.  
Corrective Action Report issued during home visit with all items due to CTA by 8/9/15.

3.(d)(1) - see applicable sections of the review

## Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) - No second year(2014) APS/CAN for CG #1 and CG #2.

[REDACTED]  
Compliance Manager

*C. Domingo*  
Primary Care Giver

7/9/15  
Date

7/9/15  
Date

1-55-8877

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

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Comment:

7.1.(a)(2) - No second year(2014) APS/CAN for CG #1 and CG #2.

1) Sent CTA APS/CAN for CG#1 and CG #2 on 07/10/15

2) I will place all items (CPR, TB clearance, APS/CAN) on my Iphone calendar and remindersheet.

Cfawcys 7/10/15