

# Foster Family Home - Corrective Action Report

Provider ID: 1-563545

Home Name: Rochelle Domingo, CNA

Review ID: 1-563545-5

94-1036 Kuhaulua Street

Reviewer:

Waipahu HI 96797

Begin Date: 10/16/2015

End Date: 11/14/15

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

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

Comment:

Home visit for a 3 person recertification review made on 10/16/15. Corrective Action Report issued during home visit with all items due to CTA by 11/16/15.

6.(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) - For CG #2, no second year APS/CAN done. First year APS/CAN done on 3/20/14. For CG #3, second year APS/CAN done on 8/14/15, first year APS/CAN done on 8/27/13(not done in 2014).

## Foster Family Home Personnel and Staffing [17-1454-41]

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

Comment:

41.(b)(8) - For CG #2, no current First Aid certification.



Rochelle Domingo  
Primary Care Giver

10/16/15  
Date

10/16/15  
Date

7.1 (a)(2) - sent CTA current APS/CAN for CG #2 on 11/14/15. Showed CTA second year APS/CAN for CG #3 on day of recertification (10/16/15).

41. (b)(8) - sent CTA current First Aid certification for CG #2 on 11/14/15.

I have written a list of everything that has expiration dates and placed in the front of my CTA binder. I will review it every month.

Roshele Domingo - 11/14/15