

# Foster Family Home - Corrective Action Report

Provider ID: 1-559081

Home Name: Josephine Domingo, CNA

Review ID: 1-559081-3

91-823 Moneha Place

Reviewer:

Ewa Beach HI 96706

Begin Date: 4/9/2015

End Date:

4/16/15

## 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 4/9/15.  
Corrective Action Report issued during home visit with all items due to CTA by 5/9/15.

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) - No current APS/CAN for CG [redacted] and HHM [redacted]

\_\_\_\_\_  
[redacted]  
Primary Care Giver

4/9/15  
\_\_\_\_\_  
Date

4/9/15  
\_\_\_\_\_  
Date

4/16/2015

To: Fox #1, RN

① The missing APS for [redacted] and been done the Fieldquit for \$11.00 person and forgot to you on April 11, 2015

② The monthly budget from Jan, Feb, March and April 2015 been faxed to you on April 11, 2015

I will put APS/CAN operation dates on my calendar as a reminder for me.

New policies and procedures been discussed and to my substitute too. And also the Emergency Preparedness and also the Fire Drill Form.

Thank you for your review on my folders

Respectfully,

[redacted]  
Home: - -  
Cell: