

# Foster Family Home - Corrective Action Report

Provider ID: 1-150024

Home Name: Charisma Domingo, CNA

Review ID: 1-150024-2

94-941 Kuhaulua St.

Reviewer:

Waipahu HI 96797

Begin Date: 3/14/2016

End Date: 3/14/2016

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

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

Comment:

6 (d)(1) Home visit [REDACTED] for initial certification of 2 bed home where there is a change of primary caregiver from one spouse to the other. Corrective action report issued during the Home visit with corrective action plan due to CTA [REDACTED]

6 (d)(1) see applicable sections of this review.

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

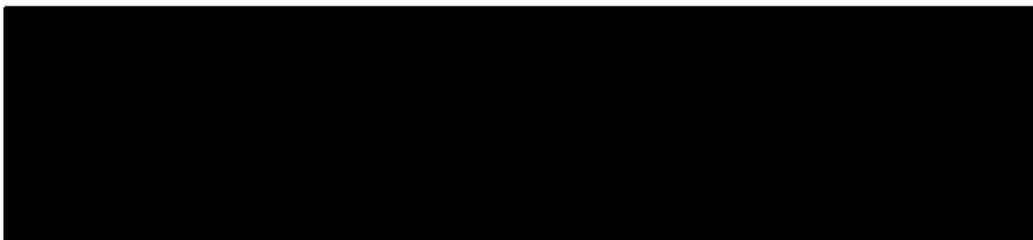
41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7)CG [REDACTED] and CG [REDACTED] TST both expired [REDACTED] with no current PPD results. CG [REDACTED] TB screening expired [REDACTED] with negative CXR [REDACTED] but no proof of positive PPD or TST results present in the home. CG [REDACTED] TB clearance of negative CXR [REDACTED] but no proof of positive PPD or TST results present in the home.

41.(f)(1)HMM [REDACTED] TB screening expired [REDACTED] with negative CXR [REDACTED] but no proof of positive PPD or TST results present in the home.



Written Plan of Correction

[REDACTED]

41.b.7 CG [REDACTED] now has current PPD results [REDACTED] CG [REDACTED]  
now has a proof of positive PPD [REDACTED].

41.(f)(1) HHM [REDACTED] now has a proof of positive PPD [REDACTED].

All The TB requirements cards are now kept in the binder at all times.  
TB results and documents attached for CG [REDACTED] and HHM [REDACTED].

The home will utilize a computer program to track when personnel requirements are due to prevent any requirement form expiring in the future.

**Note: CG [REDACTED] and CG [REDACTED] wasn't able to obtain documents needed. Attached is the Substitute Caregiver Change Notification Form.**

[REDACTED]