

Foster Family Home - Corrective Action Report

Provider ID: 1-559081
Home Name: Josephine Domingo, CNA **Review ID:** 1-559081-4
91-823 Moneha Place **Reviewer:**
Ewa Beach HI 96706 **Begin Date:** 4/27/2016 **End Date:** 4/30/16

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 2 person recertification review [REDACTED] Corrective Action Report issued during home visit with all items due to CTA [REDACTED]

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 1st year APS/CAN for CG #3.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

Comment:

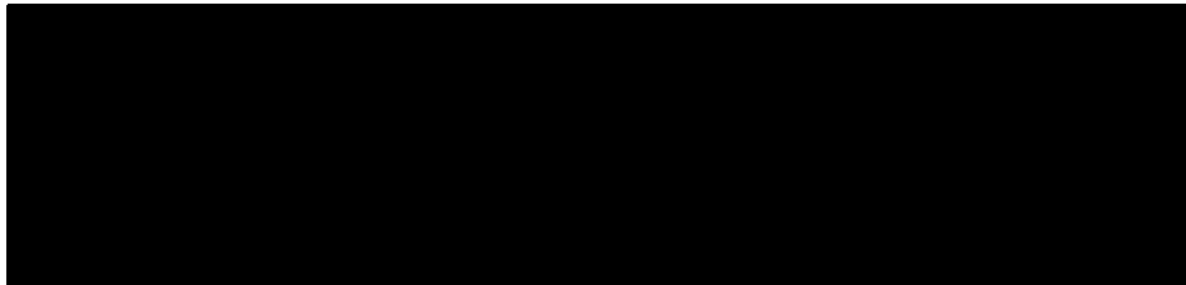
41.(b)(4) - No disclosure form for CG #3.

Foster Family Home Client Care and Services [17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;


Comment:


43.(c)(3) - No RN delegations for CG #3 on client #1 and #2.





To:

7.1.(a)(2) - Sent CTA 1st year APS/CAN
for CG#3 

41.(b)(4) - Sent CTA a current disclosure
form for CG#3 

43.(c)(3) - Sent CTA RN delegations for
CG#3 on client #1 and client #2

I have written a list of all
items required in my CTA binder and
clients chart. I have also put the dates of all
items with expiration dates on the list. I will
review list every month.

