

# Foster Family Home - Corrective Action Report

Provider ID: 1-120029  
Home Name: Jociel Baysa Domingo-Nones, CNA      Review ID: 1-120029-7  
94-394 Honowai St.      Reviewer:  
Waipahu      HI      96797      Begin Date: 7/12/2016      End Date: 10/3/16

## 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 3 person recertification review made on 7/12/16. Corrective Action Report issued during home visit with all items due to CTA by 8/12/16.

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

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

7.1.(a)(1)      Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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)(1),(2) - Second year APS/CAN and fingerprints not done until 7/11/16 for CG #3. Were due on 3/20/16.

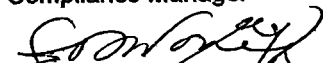
## Foster Family Home      Personnel and Staffing      [17-1454-11]

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) - No current Blood Borne Pathogen certification for CG #1.

Compliance Manager

  
Primary Care Giver

Date

7-12-16

Date

7.1.(a)(1)(2) I have reviewed the rules for APS/CAN and fingerprints/eCrim for the expiration dates. I showed CTA current APS/CAN and fingerprints during recertification on (7/12/16). I have placed all the expiration dates for all SCG's and HHM on my calendar. I will review monthly.

41.(b)(8) I sent CTA a current Bloodborne Pathogens Certificate on (7/29/2016)

  
Jociel Domingo-Nohes

10/3/16

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