

# Foster Family Home - Corrective Action Report

Provider ID: 3-59073

Home Name: Emilie Domingo, CNA

Review ID: 3-59073-4

75-6111 Paulehia Street

Reviewer:

Kaliua-Kona HI 96740

Begin Date: 7/28/2016

End Date: 8/12/16

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

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

Comment:

Survey performed to recertify three client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA by 8/28/16.

Foster Family Home Personnel and Staffing [17-1454-01]

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

Comment:

No TB clearance for CG #3 or House hold member # 1.

\_\_\_\_\_  
Compliance Manager

*Emilie Domingo*  
\_\_\_\_\_  
Primary Care Giver

8-12-16  
Date

08.02.2016  
Date

Foster Family Home  
Corrective Action Report

August 2, 2016

Compliance Manager  
Community Ties of America  
45-953 Kamehameha Hwy, Suite 300  
Kaneohe, HI 96740

Provider ID #: 3559073  
Home name: Emilie Domingo CNA  
75-6111 Paulehia St.  
Kailua-Kona, HI 96740

17-1454-41.b.7.

The home received a current TB clearance for SC6 #2 on July 28, 2016 and household member #1 on July 28, 2016. It is on file in the home personal record. The home will take and keep copies of all TB clearance updated to prevent any requirements from expiring in the future.

Attached copy of TB clearance for SC6 #2 and household member 1.

Thank you again for your visit as well as your consideration for one-year renewal of 3-bed certification for my CCFH. Thank you also for the opportunity to provide explanation on items of concern as indicated on the corrective action report.



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Emilie Domingo  
PCG