

# Foster Family Home - Corrective Action Report

Provider ID: 1-512899

Home Name: Marissa Domondon, CNA

Review ID: 1-512899-5

639 Puuhale Road

Reviewer:

Honolulu

HI 96819

Begin Date: 12/20/2016

End Date: 12/27/16

## 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 made on 12/20/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/20/2017.

6 (d)(1) see applicable sections of this 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) CG#1 and HHM#1 lapsed on eCrim due on/before 11/21/16 done on 12/11/16.

7.1.(a)(2) CG#1 and HHM#1 lapsed on Adult Protective Services and Child Abuse Neglect (APS/CAN) due on/before 8/21/16 done on 10/7/16.

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

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

Comment:

41.(a)(4) Requirements for 3-client home is 2 SCGs and home has only one SCG.

Compliance Manager

MDomondon  
Primary Care Giver

Date

12/20/16  
Date

Written Plan of Correction.

12/23/16

7.1.(a)(1)(2) Household members and CG members will not lapse and E. rim and APS/CAN.

To prevent the above happening again, renew it at least 2 week before the due date.

41.(a)(4) Second SCG added on 12/23/16 by CTA

Prevention:

Before removing any SCG, The home will add another SCG first.

12/23/16 M. Domondan

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