

# Foster Family Home - Corrective Action Report

Provider ID: 1-595837

Home Name: Dominica Tabisola, CNA

94-423 Apowale Street

Waipahu HI 96797

Review ID: 1-595837-5

Reviewer:

Begin Date: 12/29/2016

End Date: 12/30/2016

## 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 made on 12/29/16 for a 2-bed recertification; requesting to change to 3-client home. Corrective action report issued during home visit with corrective action plan due to CTA on 1/29/2017

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 lapsed in eCrim due on/before 3/2/16 done on 3/7/16. CG#2 lapsed in eCrim due on/before 2/22/15 done on 3/29/15.

7.1.(a)(2) CG#1 lapsed on Adult Protective Services and Child Abuse Neglect (APS/CAN) due on/before 1/30/16 done on 2/2/16. CG#2 lapsed on APS/CAN due on/before 3/26/16 done on 11/1/16.

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

*al Tabisola*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

*12-29-16*  
\_\_\_\_\_  
Date

WRITTEN PLAN OF CORRECTION

12/30/2016

7.1 (a) (12) CG #1 and CG#2 will not lapse in EUM and APS/CAN again. my plan to prevent from happen again is to use my phone calendar a month ahead for the due dates.

12/30/2016

RESTORADO

44-423 APOWALE ST. WAIKAPU, HI 96797