

# Foster Family Home - Corrective Action Report

Provider ID: 1-120029

Home Name: Jociel Baysa Domingo-Nones,  
CNA

Review ID: 1-120029-8

94-394 Honowai St.

Reviewer: Carrie Wakai

Waipahu

HI 96797

Begin Date: 8/4/2017

End Date: 8/4/2017

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 for a 3 bed CCFFH certification survey. A corrective action report was issued during the visit with all required items due to CTA by 9/5/2017. Acceptable written plan of correction received on 8/4/2017. Home is eligible for a 1 year 3 bed certification.

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) & 7.1(a)(2)-E-crim lapsed on CG#3 due 3/12/16 done 4/1/16; CG#5 due 8/22/16, done 10/25/16. Fingerprinting lapsed on CG#4 due 3/26/16, done 7/11/16. APS/CAN lapsed on CG#3 due 3/5/16, done 3/10/16.

*Carrie Wakai RN*

Compliance Manager

*Jociel B. Domingo-Nones*

Primary Care Giver

*8-4-2017*

Date


*8-4-2017*

Date

8/23/2017 14:05 PM

7.1 (a)(1) and 7.1 (a)(2)

I have reviewed the rules of APS/CAN and fingerprints /eCrim for the expiration dates. I explained to the CTA compliance manager as per legal advice, I was told to wait on doing the APS/CAN Fingerprint and eCrim on myself and my substitute caregivers. Now that all the legal proceedings is clear, I will maintain all the APS, CAN, Fingerprinting and eCrim requirements. I have placed all the expiration dates for all SCG's and HHM, on my calendar. I will review it monthly.



Jociel Baysa Domingo-Nones  
94-394 Honowai Street,  
Waipahu, Hawaii 96797