

# Foster Family Home - Corrective Action Report

Provider ID: 3-527210

Home Name: Florie Domingo, CNA

Review ID: 3-527210-4

91-1012 Ikulani Street

Reviewer: Sue Lo

Ewa Beach HI 96706

Begin Date: 9/19/2017

End Date: 10/1/2017

## 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 recertification requested to decrease to 2 bed. Corrective action report issued during home visit with corrective action plan due to CTA on 10/19/2017.

6 (d)(1) see applicable sections of this review.

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

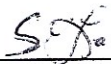
7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

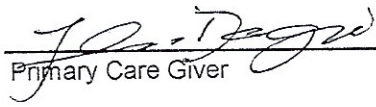
Comment:

7.1.(a)(1) CG#1 lapsed in eCrim due on/before 9/24/14 was done 9/18/17.

7.1.(a)(2) CG#1 lapsed on Adult Protective Services/Child Abuse Neglect (APS/CAN) due on/before 9/29/16 was done 7/28/2017.

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

  
\_\_\_\_\_  
Date

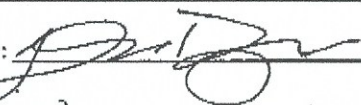
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Flora Domingo  
CCFFH Address: 91-1012 Kulani St. Ewa Beach HI 96756

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.9.2	Lapse cannot be corrected.	9/19/17	I will use a calendar to input all the required documents date that is due so that I won't have any more lapse background check.

Primary Caregiver's Signature: 

Print Name: Flora Domingo

Date of Signature: 9/19/17