

Foster Family Home - Corrective Action Report

Provider ID: 1-512899

Home Name: Marissa Domondon, CNA

Review ID: 1-512899-6

639 Puuhale Road

Reviewer: Carrie Wakai

Honolulu HI 96819

Begin Date: 12/22/2017

End Date: 12/23/2017

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 person CCFFH recertification survey. A Correction Action Report was issued during the visit with all required items due to CTA by 1/22/18.

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)-APS/CAN/Fingerprinting lapsed for CG#2-was due on or before 8/12/16 and done 9/6/17.

Carrie Wakai RN
Compliance Manager

12/22/17
Date

M Domondon
Primary Care Giver

12/22/2017
Date

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

CCFFH Name: MARISSA DOMONDON

CCFFH Address: 639 PUKIALE RD. HONOLULU, HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.a.1 7.1.a.2	Lapse cannot be corrected	12/23/17	I will mark in my calendar any of my requirements that are due 2 months before they expire to allow time to get them done and prevent any future lapses.

Primary Caregiver's Signature: M. Domondon

Print Name: MARISSA DOMONDON

Date of Signature: 12/23/17