

Foster Family Home - Corrective Action Report

Provider ID: 3-619281

Home Name: Marites Domingo, CNA

Review ID: 3-619281-9

81-1171 Konawaena School Road

Reviewer: Carol Copeland

Kealahou HI 96750

Begin Date: 6/27/2018

End Date: 8-6-18

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 survey performed to recertify three client home. Home not in compliance on day of survey. Corrective action report issued with plan of correction due to CTA by 7/27/18.

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(c) No inservice records in home binder for care giver # 2.

Carol Copeland
Compliance Manager

7-11-18
Date

Marites Domingo
Primary Care Giver

07-11-2018
Date

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

CCFH Name: MARITESS DOMINGO

CCFH Address: 81-1171 KONA WAENA SCHOOL RD. KEALAKEKUA HF
96750

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41. C	Caregiver #2 Completed 12 hrs Inservices certificates placed in home binder.	06-27-18	I will make sure to ask for her Inservices 1 month ahead of due date.

Primary Caregiver's Signature: *Marites Domingo*

Print Name: Marites Domingo

Date of Signature: 06-27-18