

Foster Family Home - Corrective Action Report

Provider ID: 1-150024

Home Name: Charisma Domingo, CNA

Review ID: 1-150024-4

94-941 Kuhaulua St

Reviewer: Carrie Wakai

Waipahu

HI 96797

Begin Date: 5/12/2017

End Date: 5/12/17

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 for a 2 person CCFFH requesting to increase to a 3 person CCFFH. Corrective Action Report issued during home visit with all items due to CTA by 6/12/17.

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 on CG #4. Second set of APS/CAN/Fingerprinting was due on or before 3/11/14 and was done 7/28/16.

Compliance Manager

Charisma P. Domingo

Primary Care Giver

Date

5-12-17

Date

Written Plan of Correction

May 12, 2017

7.1.a.1 & 7.1.a.2 The home will keep both sets of the APS, CAN, and fingerprinting for all caregivers in caregiver book and will make certain they do not lapse in the future. I will maintain a checklist with all my caregiver and household members required due dates.

Charisma G. Domingo
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Waipahu, HI 96797