

# Foster Family Home - Corrective Action Report

Provider ID: 1-180081

Home Name: Evangeline Domingo

Review ID: 1-180081-2

1140 Kamehameha IV Road

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 7/2/2019

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification made on 7/2/19. Corrective Action Report issued during home inspection with all items due to CTA by 8/2/19.

6.(d)(1) - see applicable sections of the review

## Foster Family Home Background Checks [11-800-8]

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

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

Comment:

8.(a)(1)(2) - 2nd year APS/CAN and fingerprints not done for CG #1 and CG #4. Expired on 5/21/19.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

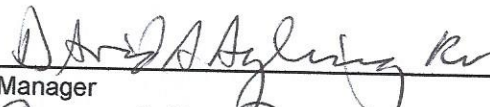
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

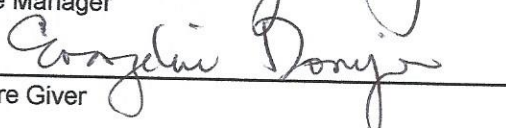
41.(b)(7) - No current TB clearance for CG #1 and CG #2. Expired on 4/23/19.

41.(b)(8) - CPR and First Aid done on the internet for CG #4.

41.(b)(8) - Blood Borne Pathogen not current for CG #1, CG #3, and CG #4. Expired on 2/1/19.

  
Compliance Manager

  
Date

  
Primary Care Giver

  
Date

