

Foster Family Home - Corrective Action Report

Provider ID: 1-559081

Home Name: Josephine Domingo, CNA

Review ID: 1-559081-7

91-823 Moneha Place

Reviewer: Lisa Johnson

Ewa Beach HI 96706

Begin Date: 4/9/2019

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

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

Comment:

6.(d)(1) Home inspection for a 3 person CCFFH recertification made on 4/9/19. Corrective Action Report issued during home inspection with all items due to CTA by 5/9/19.

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

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

Comment:

8.a.2 APS/CAN lapse, done 3/10/2016 next one done 2/4/2019.

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 CG# 1 TB screening lapse, done 3/20/2017 next one done 2/1/2019. HHM#1 TB screening lapse, done 4/16/2013 next one done 2/4/2019

41.b.8 CG #1 BBP/infection control certification done 2/25/2018, no proof of certification before or after this date.

Foster Family Home Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.a 4. Client not able to get into the kitchen and dining area using his wheelchair, ramp is unstable and the door to the common area cannot be open totally due to small table placed behind the door.

Kitchen has boxes and bags stored in the middle of the floor, making a safety hazard for walking through.

Foster Family Home - Corrective Action Report

Foster Family Home

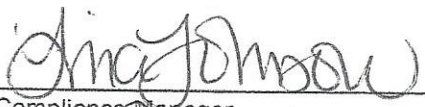
Quality Assurance

[11-800-50]

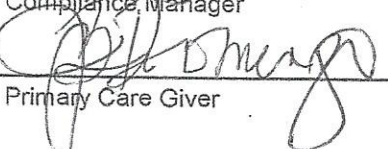
50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

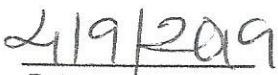
50.e No intercom or doorbell at the gate, dogs present in front yard.



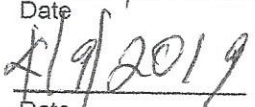
Compliance Manager



Primary Care Giver



Date



Date

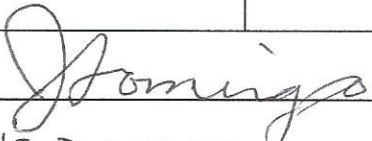
4/10/2019 6:39 AM

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

CCFFH Name: Josephine Domingo

CCFFH Address: 91-823 Moneha Place, Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.2	Proof of aps/can for CG #1 shown to CTA on day of recertification.	5/20/19	I made a list of the expiration dates for aps/can, tb and blood borne pathogen for all CG's and HHM's and put it on the front of my ccffh binder. I will look at it every month.
41.b.7 41.b.8	Proof of tb clearance for CG #1 and HHM #1 shown to CTA on day of recertification. Obtained current blood borne pathogen certification from CG #1 and placed in my CCFFH binder.	5/20/19 6/5/19	
49.a.4	Ramp reinforced and table removed from behind the door. Boxes and bags removed from kitchen floor.	5/20/19	
50.e	Doorbell placed at front gate.	6/20/19	I will make sure all CG's and HHM's are able to hear doorbell from inside my house.

Primary Caregiver's Signature: 

Print Name: JOSEPHINE B. DOMINGO Date of Signature: 6/22/2019