# Foster Family Home - Corrective Action Report

**Provider ID:** 1-180047

**Home Name:** Kris Marie Domingo, NA
94-1064 Lumi Street
Waipahu HI 96797

**Review ID:** 1-180047-2
Reviewer: Maribel Nakamine
Begin Date: 10/1/2019

## 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 2 person CCFFH recertification made on 10/1/19.

Corrective Action Report issued during home inspection with all items due to CTA by 11/1/19.

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), (a)(2)- No current APS/CAN, Fingerprinting for HHM#1 and HHM#2.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1)- No current Tuberculosis Clearance for HHM#1 and HHM#2.

## Foster Family Home — Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancy noted for Client #1. Medication Administration Record, prescription label, and doctor's order do not match for 1 medication.

Maribel Nakamine, RN — 10/01/19
Compliance Manager — Date

[illegible] — 10/01/19
Primary Care Giver — Date

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

CCFFH Name: Kris Marie Domingo
CCFFH Address: 94-1064 Lumi Street, Waipahu, HI 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|---|---|---|---|
| 8.(a)(1), (2) | HHM #1 and HHM #2 obtained a current APS/CAN, Fingerprint and placed in home binder. | 10/10/19 | Home understands the background check requirements. Home will use calendar on iphone to input all due dates to prevent any future lapses. |
| 41.(f)(1) | TB Clearance was obtained for HHM#1 and HHM#2 and placed in home binder. | 10/07/19 | Home will use a Spreadsheet on laptop to identify when requirements are due 3 months before they expire to allow time done before they are due. |

Primary Caregiver's Signature: KDomingo

Print Name: Kris Marie Domingo Date of Signature: 10/20/19

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

CCFFH Name: Kris Marie Domingo
CCFFH Address: 94-1064 Lumi Street, Waianae, HI 96792

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|---|---|---|---|
| 54.(c)(5) | Medication discrepancy was corrected by client's CMA, MD and CG #1, on client's Medication Administration Record. | 10/10/19 | CG#1 will look at all medication, bottles, and MAR to ensure all match before giving any new medication. Home will notify CMA, Pharmacy and/or doctor if they are different. |

Primary Caregiver's Signature: [signature]

Print Name: Kris Marie Domingo  Date of Signature: 10/20/19