

Foster Family Home - Corrective Action Report

Provider ID: 1-180081

Home Name: Evangeline Domingo, NA

1140 Kamehameha IV Road

Honolulu HI 96819

Review ID: 1-180081-3

Reviewer: Pamela Perry

Begin Date: 6/2/2020

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

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

Comment:

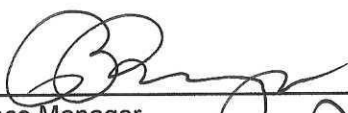
6.(d)(1)- Home visit made on 6/2/2020 for a 2bed CCFFH Recertification. Corrective Action Report issued; all items due back to CTA by 7/2/2020. Home will receive a 2bed certification.

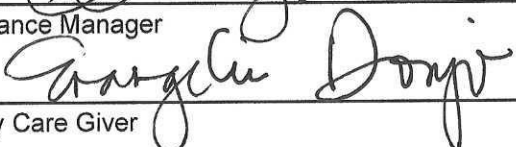
Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)- Medication Administration Record for Client #1 Last signed 5/7/20.



Compliance Manager


Primary Care Giver

6/2/20
Date
6/2/20
Date

CTA RN Compliance Manager: Pamela Perry

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Evangeline Domingo
(PLEASE PRINT)

CCFFH Address: 1140 KamIV Rd. Honolulu, HI. 96819
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c) (5)	Client #1 May MAR updated	6/2/2020	I will put MAR on clipboard to make it easier to sign after giving medications.

All items that were fixed are attached to this CAP
PCG's Signature: Evangeline Domingo

Date: 6/2/20

CTA has reviewed all corrected items Berry