

# Foster Family Home - Deficiency Report

Provider ID: 1-594475

Home Name: Ruby Domingo, CNA

Review ID: 1-594475-8

94-429 Alapine Street

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 11/17/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification  
Deficiency Report issued during home inspection with all approved written corrections due to CTA by 30 days.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(e)  
CG#3 did not have any training education hours in binder. None for 2020.



Compliance Manager

11/17/2021

Date



Primary Care Giver

12/9/2021

Date

CTA RN Compliance Manager: Julie Hastings

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

PCG's Name on CCFFH Certificate: Ruby S. Domingo

(PLEASE PRINT)

CCFFH Address: 94-429 Alapine Street, Waipahu, HI 96797

(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?
41.(e) CG#3	<p>I placed the education training certifications in the ■CG documents binder.</p> <p>*During the recertification, the education training certificates was present in the ■CG binder.</p>	12/9/21	I will immediately file all certificates in the ■CG binder after each training and I will set a reminder to review the binder contents every three months.

☒ All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 12/27/21

☒ CTA has reviewed all corrected items