

# Foster Family Home - Corrective Action Report

Provider ID: 1-150011

Home Name: Anupama Afu, NA

Review ID: 1-150011-2

86-411 Popohau Place

Reviewer:

Waianae HI 96792

Begin Date: 1/8/2016

End Date: 1/20/2016

## Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home survey conducted for recertification of two client CCFFH 1/8/2016. Corrective Action Report issued with all deficiencies to be corrected by 2/8/2016.

## Foster Family Home Background Checks [17-1454-7.1]

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

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

Comment:

7.1.(a)(1) [REDACTED] No current fingerprint results in file.

7.1.(a)(2) [REDACTED] No APS/CAN in file.

## Foster Family Home Records [17-1454-52]

52.(c)(1) Client's vital information;

Comment:

52.(c)(1)

Client 1: Most of Vital Information Sheet not filled in.

[REDACTED]

\_\_\_\_\_  
Primary Care Giver

1/8/2016  
Date

1/8/2016  
Date

Written Plan of Correction

January 21st, 2016

Anupama S Afu  
86-411 Popohau Place,  
Waianae, HI 96792,

No. of Violation

7.1.(a)(1) [REDACTED] Got the result of fingerprints. Put it in the home binder of PCG.

Have a calender at PCG foster home, which has written expiration dates.

7.1.(a)(2) [REDACTED] - Got the results of APS / CAN and is now on file. Put it in the home binder of PCG.

Have a calender at PCG foster home, which has written expiration dates.

52.(c)(1) - CMA filled the vital information sheet in. It has been placed in client's file.

PCG will check the sheet for future clients during admission.

[REDACTED]  
Primary Care Giver