

Foster Family Home - Corrective Action Report

Provider ID: 2-511271

Home Name: Candida Foronda, CNA

Review ID: 2-511271-6

62 Pono Street

Reviewer:

Hilo HI 96720

Begin Date: 5/28/2015

End Date: 5-28-15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit done on 5/28/15 to survey for recertification. Home not in compliance on day of review. PCG to submit documentation for all out of compliance items to CTA within 30 days of this survey. All required documentation received. Home to be recertified for three clients for one year.

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 Fingerprinting for HHM # 1.

7.1.a.2 APS check for HHM # 1.

7.1.a CAN check for HHM # 1.



Compliance Manager

Candida Foronda

Primary Care Giver

5-28-15

Date

5-28-15

Date

May 28, 2015

Today a home survey and had the following deficiencies.

7.1.a1, 7.1.a2 and 7.1a. No fingerprinting, APS and CAN for HHM #1

We misplaced the documentation for HHM #1

Prevention for this issue from repeating is to have multiple copies, and place it in the provider binder.

Mabelo,
Cynthia Formale PCG.