

Foster Family Home - Corrective Action Report

Provider ID: 1-511411

Home Name: Carmelita Rodriguez, LPN

Review ID: 1-511411-4

94-960 Lumimoe Street

Reviewer:

Waipahu

HI 96797

Begin Date: 10/29/2015

End Date: 11/25/15

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

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

Comment:

Recertification visit for 2 client home on 10/29/15. Corrective action plan issued during review, due on 11/29/15. See applicable sections 6.(d)(1)

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;

Comment:

7.1.(a)(1) HHM#2 Only one set of fingerprints on file. Fingerprint for 12/30/2013 on file. Needed another set of fingerprints by 12/30/14 to be in compliance. CG#3 no fingerprints in record during review.



Compliance Manager

Carmelita E. Rodriguez

Primary Care Giver

10/29/15
Date

10/29/15
Date

Carmelita E. Rodriguez

November 20, 2015

CORRECTIVE ACTION PLAN

(1) 7.1.(a)(1) HIIM#2 – Finger Print #2.

7.1.(a)(1) CG#3 – Finger Print #1.

- Both fingerprints taken 11/04/2015.

- Results obtained 11/09/2015.

(2) - To secure all important documents before deadline & before the visit for re-certification:

- Check APS and fingerprints and other important documents before the expiration date.
- Make a list of APS and fingerprints of all caregivers and put on the calendar many days ahead before the expiration date.
- Secure APS and fingerprints/important documents before expiration date to avoid citation.



Carmelita E. Rodriguez

11/20/2015

Date