

Foster Family Home - Corrective Action Report

Provider ID: 1-513003

Home Name: Cherry Quibol, CNA

Review ID: 1-513003-2

94-1481 Hiapo Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/15/2015

End Date: 6/17/15

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

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

Comment:

Home visit for a 2 person recertification review made on 6/15/15.
Corrective Action Report issued during home visit with a written plan of correction due to CTA by 7/15/15.

6.(d)(1) - see applicable sections of the review

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) CG#3 state name check due on or before 05/06/14, was completed 05/14/14.
7.1.(a)(2) CG#1 APS/CAN due on or before 02/26/14, completed 08/14/14;
CG#3 APS/CAN due on or before 03/28/15, completed 06/08/15
HHM#1 APS/CAN due on or before 02/26/14, completed 08/14/14

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(5) CG#1 not auto insurance present at time of review for dates 06/13/13 to 08/16/13. CG#1 has present copies of auto insurance from 08/17/13 to present

Foster Family Home Insurance Requirements [17-1454-49]

49.(a)(1) General;

Comment:

49.(a)(1) Liability insurance for CG#1,2,3, and 4 missing for dates 06/13/13-12/31/13. Has current liability insurance on file from 12/31/13 to present

Compliance Manager

Cherry Quibol
Primary Care Giver

6/15/15
Date

6/15/15
Date

ACE FOSTER HOME

94-1481 Hiapo St
Waipahu, HI 96797

Tel:

Of America, Inc.

Deficiencies during evaluation on 06/15/15 by CTA representative:

- 1) 7.1 (a)(1) CG #3: State name check due on or before 05/06/14, was completed 05/14/14. ANSWER: *Caregiver will follow, and input on [REDACTED] calendar when it is due as a reminder.*
- 2) 7.1 (a)(2) CG #1: APS/CAN due on or before 02/26/14, completed 08/14/14. ANSWER: *Caregiver will follow, and input on [REDACTED] calendar as a reminder.*
- 3) CG #3: APS/CAN due on or before 03/28/15, completed 06/08/15. ANSWER: *Caregiver will follow, and input on [REDACTED] calendar when it is due as a reminder.*
- 4) HHM #1: APS/CAN due on or before 02/26/14, completed 08/14/14. ANSWER: *Caregiver will follow, and input on [REDACTED] calendar when it is due as a reminder.*
- 5) 41(b)(5) CG#1: not auto insurance present at time of review for dates 06/13/13 to 08/16/13. CG#1 has present copies of auto insurance from 08/17/13 to present. ANSWER: *Caregiver will follow, and file auto insurance to the binder upon received.*
- 6) 49(a)(1) Liability insurance for CG #1, 2, 3, and 4 missing for dates 06/13/13 – 12/31/13. Has current liability on file from 12/31/13 to present. ANSWER: *Caregiver to follow, and not to remove from the binder for 3 years after the last visit/review by CTA representative.*

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