

Foster Family Home - Corrective Action Report

Provider ID: 1-560872

Home Name: Benilda Dimaya, CNA

Review ID: 1-560872-4

94-1035 Kuhaulua Street

Reviewer:

Waipahu HI 96797

Begin Date: 7/19/2016

End Date: 8/5/16

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

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

Comment:

6 (d)(1) Home visit [REDACTED] for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA [REDACTED]

6 (d)(1) see applicable sections of this 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;

Comment:

7.1.(a)(1) HHM#1 2nd set of fingerprinting not present in the home. CG#4 eCrime last done [REDACTED] and expired [REDACTED] but renewed [REDACTED] with about 4 months lapse.

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

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) CG#4 TB Clearance completed [REDACTED] and expired [REDACTED] but renewed [REDACTED] with about 2 months lapse.

Compliance Manager

Benilda Dimaya
Primary Care Giver

Date

7/19/16
Date

Written Plan of Correction
 Aug. 2, 2016

7.1.(a)(1) Household member number, completed and set of fingerprinting [REDACTED]. The home will use an I phone to track all requirements before due date, so it will not happen again in the future. [REDACTED]

CG no. 4 E visa will not lapse in the future because the home will follow the same plan as above.

4.1(b)(7) CG #4 T.B clearance will not lapse in the future. The home will use the I phone to track all requirements so it will not happen again in the future.

Aug. 2, 2016

Benilda Dimaya
 94-1035 Kulaakua St
 Waipahu, HI-96797