

Foster Family Home - Corrective Action Report

Provider ID: 1-620808

Home Name: Elena Sevilla, CNA

Review ID: 1-620808-2

94409 Kipou St.

Reviewer:

Waipahu

HI 96797

Begin Date: 6/7/2016

End Date:

6/20/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit [REDACTED] for initial certification of 2 bed home. Caregiver has had community care foster family care home in the past. A corrective action report was issued at time of review with corrective care plan due [REDACTED]

6.(d)(1) Refer to appropriate sections of this review.

All requirements and corrective action plan received [REDACTED]

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) Household member [REDACTED] is missing criminal history check.

7.1.(a)(2) Household member [REDACTED] is missing APS/CAN protective service background clearance.

CORRECTIVE ACTION PLAN

7.1(a)(1)

Description:

Household Member [REDACTED] missing criminal history check (fingerprint).

Corrective Action:

Obtained fingerprint for household member [REDACTED] Sent to CTA [REDACTED]

Preventive Measure:

Ensure that all household members' and all caregivers' required documents are present and are up to date by setting expiration date reminders on both digital and physical calendars.

7.1(a)(2)

Description:

Household Member [REDACTED] is missing APS/CAN protective service background clearance.

Corrective Action:

Obtained APS/CAN for household member [REDACTED] Sent to CTA [REDACTED]

Preventive Measure:

Ensure that all household members' and all caregivers' required documents are present and are up to date by setting expiration date reminders on both digital and physical calendars.

