

### Foster Family Home - Corrective Action Report

Provider ID: 1-160054

Home Name: Shella Limon, CNA

Review ID: 1-160054-1

1122A Ahe Ahe Ave

Reviewer: Angel England

Wahiawa HI 96786

Begin Date: 8/8/2016

End Date: 8/11/16

**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 made for a new home application for two bedroom home. See applicable sections of this review. Written plan of correction due to CTA [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;

Comment:

7.1 a.1 No fingerprint results present for CG#2

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.b.4 No SCG disclosure form present for CG#3

41.e No CTA caregiver approval forms present for CG#2 and CG#3. CG#3 will be approved by CTA for a less than 3 hour caregiver upon receipt of disclosure form.

\_\_\_\_\_  
Compliance Manager

*[Signature]*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

*8/10/2016*  
\_\_\_\_\_  
Date

August 10, 2016

17-1454-7.1 The home contacted previous primary caregiver of CG#2 and pull out [redacted] fingerprints, the home will keep copies of CG#2 fingerprints available and attached to binder.

17-1454-416(4) The home printed out disclosure form on CTA website, filled out disclosure form and signed by CG#3. The home will keep copy of disclosure form by CG#3 and attached to binder.

17-1454-41.e The home contacted previous primary caregiver for approval letter from CTA of CG#2. The home made a copy and attached to binder.

Signed, *Sheila Limon*

8/10/16

Sheila Limon  
1122-A Ahe Ahe Avenue,  
Wahiawa, HI 96786