

Foster Family Home - Corrective Action Report

Provider ID: 4-160065

Home Name: Chealeen Obrero, NA

Review ID: 4-160065-1

22 W. Hawaii St.

Reviewer:

Kahului HI 96732

Begin Date: 9/27/2016

End Date: 10/5/16

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 new 2 person CCFFH certification review made on 9/27/16. Corrective Action Report issued during home visit with all items due to CTA by 10/27/16.

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;

Comment:

7.1.(a)(1) - No current eCrim for CG #2.

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) - No current TB clearance for CG #2.

Compliance Manager


Primary Care Giver

Date

9/27/16

Date

October 13, 2016

7.1. (a) (1) – I sent CTA a current eCrim for CG # 2 on October 3, 2016.

41. (b) (7) – I sent CTA a current TB clearance for CG # 2 on October 3, 2016.

I have placed all items with expiration dates (APS/CAN, TB, CPR) on my computer calendar. I will review every month.


CHEALEEN P. OBRERO

10/3/2016