

Foster Family Home - Corrective Action Report

Provider ID: 1-160073

Home Name: Flordeliza Braga, CNA

Review ID: 1-160073-1

94-904 Kuakahi St.

Reviewer:

Waipahu HI 96797

Begin Date: 10/14/2016

End Date: 10/26/16

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 on 10/14/16 to make initial review for certification of a 2 bed home.

6.(d)(1) Correction report was issued at time of review with compliance due by 11/14/16. Refer to appropriate sections.

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;

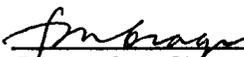
7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1 (a)(2) APS/CAN/Fingerprint for HHM #1 done 10/13/16 & 10/11/16 for HHM#2 but is not in binder.

7.1(a)(1) CG#2 does not have fingerprinting in binder

Compliance Manager



Primary Care Giver

Date

10/14/2016

Date

10/23/16

Corrective Action Plan

7.1(a)(2) HHM#1 completed APS/CAN on 10/13/16 and HHM#2 on 10/11/16. Results from fieldprint received on 10/15/16 and put in the home's binder.

The home will complete the APS/CAN/fingerprint and file in the binder (on or before next due date) by using the iPhone and a written checklist to remind the PCG of next due date.

7.1(a)(1) The PCG filed results for the first two APS/CAN/Fingerprints on SCG#2 in home's binder.

The home will review APS/CAN/Fingerprint guidelines for primary, substitute caregivers and adult household members. The home will keep a written checklist for all members to ensure that requirements are met.


for FLORELIZA
Floreliza M. Braga

94-904 Kuakahi St.

Waipahu, HI 96797