

Foster Family Home - Corrective Action Report

Provider ID: 1-513194

Home Name: Martina Ranchez, CNA

Review ID: 1-513194-3

92-370 Waiomea Street

Reviewer:

Kapolei HI 96707

Begin Date: 11/22/2016

End Date: 12/01/16

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 on 11/22/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 12/22/16.

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;

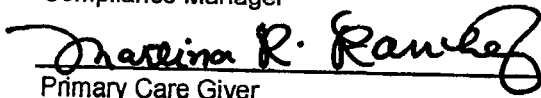
7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1)CG#2 does not have fingerprinting #2 (first one was done on 7/23/15).

7.1.(a)(2)CG#2 has a lapse in APS/CAN (7/23/15 & 8/1/16-2nd year).

Compliance Manager


Primary Care Giver

Date

11/22/16

Date

WRITTEN PLAN OF CORRECTION

12/8/2016

PROBLEM: 7.1(A)(1) & 7.1(a)(2)

* SCG does not have
FINGERPRINTING # 2 (FIRST done 7/23/15)
LAPSE in APS/CAN (7/23/15 & 8/1/16)

* SECOND FINGERPRINTING/APS/CAN ARE NOW IN
CAREGIVER BINDER DONE 12/5/2016.
AS A PRIMARY CAREGIVER WILL BE
RESPONSIBLE IN TRACKING LOG WITH DUE
DATES OF TRAINING REQUIREMENTS.
I HAVE TO MAKE SURE TO DO ALL 1 MONTH
BEFORE THE EXPIRATION TO AVOID
LAPSES IN THE FUTURE.. SORRY..

THANK YOU,

MARTINA RANCHEZ
FOSTER CARE HOME
92-370 WAIOMEA STREET
KAPOLEI, HI 96707

Martina Sanchez
(PCA)