

Foster Family Home - Corrective Action Report

Provider ID: 1-120018
Home Name: Daisy Jovellanos, CNA Review ID: 1-120018-8
94-1576 Waipahu Street Reviewer: David Ayling
Waipahu HI 96797 Begin Date: 2/22/2017 End Date: 3/10/17

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 2 person CCFFH recertification review made on 2/22/17. Corrective Action Report issued during home visit with all items due to CTA by 3/22/17.

6.(d)(1) - see applicable sections of the review

Foster Family Home - Background Checks [17-1454-11]

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) - No current eCrim for CG #1(expired 1/26/17). No current eCrim for CG #3(expired 2/2/17). No current fingerprints for CG #4(expired 11/11/16).

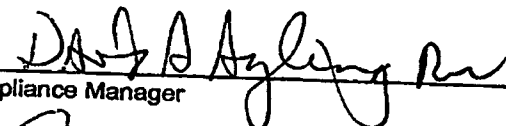
7.1.(a)(2) - No current APS/CAN for CG #1, #2, #3, and #4(expired 3/11/16 for CG #1 and #2. Expired 2/2/17 for CG #3 and 11/11/16 for CG #4).


Foster Family Home - Personnel and Staffing [17-1454-11]

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 #1 and CG #4(expired 7/22/16 for CG #1 and 10/28/16 for CG #4).



Compliance Manager


Primary Care Giver

2/22/17
Date

2/22/17
Date

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Provider ID: 1120018

Home Name: Daisy Jovellanos

194 1576 Waipahu Street

Waipahu, HI 96797

7.1 (9)(1)(2) - I have acquired all APS/CAN, eCrim, and fingerprints for CG#1, CG#2, CG#3, and CG#4 on 02/28/2017. I have placed them in my CTA binder.

4.1(b)(7) I have acquired the TB clearances for CG#1 and CG#4 on 02/27/2017 and placed in my CTA binder.

I will now employ my sister to be my administrative assistant and she will keep all my records up to date

✓
Daisy Jovellanos

2/02/2017