

Foster Family Home - Corrective Action Report

Provider ID: 1-579584
Home Name: Poblezita Villator, CNA Review ID: 1-579584-2
91-941 Kalapu St. Reviewer: David Ayling
Ewa Beach HI 96706 Begin Date: 1/23/2017 End Date: 3/1/17

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 1/23/17. Corrective Action Report issued during home visit with all items due to CTA by 2/23/17.

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

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

41.(a)(1) Reside in the community care foster family home;
41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.
41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and
Comment:

41.(a)(1) - No rental agreement present in CG #1's binder.
41.(b)(5) - Auto insurance incomplete, no start and expiration date.
41.(b)(7) - No current TB clearance for CG #2(expired on 5/23/16)

Compliance Manager
Poblezita J. Villator
Primary Care Giver

Date
1/23/17
Date

41.(a)(1). I have placed a copy of my rental agreement in my CTA binder and will not remove it.

41.(b)(5). I have placed a copy of my auto insurance policy with the required information in my CTA binder and will update every 6 months.

41.(b)(7). I got a current TB clearance from CG#2 on placed in my CTA binder.

I did this on 1/25/2017 for all the above.

I will keep all records up to date and list all items with expiration dates and place in the front on my CTA binder.

I will receive every month.

Poblyta J. Villator 4/25/17