

Foster Family Home - Corrective Action Report

Provider ID: 1-170043

Home Name: Shirley Baldonado, CNA

Review ID: 1-170043-1

94-1121 Kaloli Lp

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 7/14/2017

End Date: 7/26/2017

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 for a new 2 person CCFFH certification survey. A corrective action report was issued during the survey with all required items due to CTA by 7/28/2017.

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 fingerprinting present on CG#2.

Carrie Wakai

Compliance Manager

S Baldonado

Primary Care Giver

7/14/2017

Date

7/14/2017

Date

WRITTEN PLAN OF CORRECTION

JULY 17, 2017

7.1 (a)(1) - CG #2, completed fingerprinting on 10/19/2012, 08/30/2013, and filed the results in the HOME FOLDER. Criminal History record checks will be kept up to date on all caregivers because the PROVIDER will make sure that the requirements should not lapsed or missed. PROVIDER shall make a Reminder Page in the House Folder, for all the Competency Requirements needed for all caregivers.

Signed: *Shirley R. Baldonado*
Shirley R. Baldonado 7/17/2017

Shirley R. Baldonado
94-1121 KALOLI LOOP
WAIPAHU, HI 96797