

Foster Family Home - Corrective Action Report

Provider ID: 1-150009

Home Name: Victor Jr. Laforteza, CNA

Review ID: 1-150009-5

98-550 Kaamilo St.

Reviewer: Carrie Wakai

Aiea HI 96701

Begin Date: 3/10/2017

End Date: 4/18/2017

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit made for a 3 person CCFFH recertification review on 3/10/2017. Corrective action report issued with all items due to CTA by 4/10/2017.

6(d)(1)-see applicable sections of the 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)& 7.1(a)(2)-No APS/CAN & fingerprinting present on HHM#2.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41(f)(1)-No TB clearance present on HHM #2.

Carrie Wakai
Compliance Manager

Victor Laforteza
Primary Care Giver

3/10/17
Date

3/10/17
Date

04/15/2017 18:30 FAX

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Written Plan of Correction

Date: April 15, 2017

7.1(a)(1) Now completed APS, CAN, & Fingerprint present on HHM #2 on 03/24/2017. The home will utilize a computer program to track when personnel requirements are due to prevent any requirement from expiring in the future. Attached is the Fingerprint, CAN, and APS result.

41 (f)(1) Now TB clearance present on HHM #2 on 03/16/2017. The home will utilized a computer program to track when personnel requirements are due to prevent any requirement from expiring in the future. Attached is the TB clearance and TB screening test result.

Date: April 15, 2017

98-550 Kaamilo St.
Aiea, HI 96701

Sign: 