

Foster Family Home - Corrective Action Report

Provider ID: 1-563222

Home Name: Edward Baniqued, CNA

91-803 Aiami Place

Ewa Beach

HI 96706

Review ID: 1-563222-5

Reviewer: Carrie Wakai

Begin Date: 10/6/2017

End Date: 10/20/2017

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 3 client CCFFH recertification survey. A corrective action report was issued during the home visit with all required items due to CTA by 11/06/17.

Foster Family Home Background Checks

[17-1454-7.1]

7.1.(e)(3) Received by the department of human services no later than seven days after the date of the notification that the individual:

Comment:

7.1(e)(3)- CG #1 applied for exemption after the seven day notification. No exemption present in the folder.

Carrie Wakai RN
Compliance Manager

Edward B. Baniqued
Primary Care Giver


10/6/17
Date

10/6/2017
Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name:
 CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(9) B	APPLIED FOR EXEMPTION FOR CAREGIVER #1 RESULTS RECEIVED AND PRESENT IN THE HOME FOLDER	10/16/17	I WILL NOT DRIVE WHILE DRIVING I AM INTOXICATED I WILL ASK SOME ONE TO DRIVE ME. OR RIDE A TAXI

Primary Caregiver's Signature: 

Print Name: EDWARD BANIQUED Date of Signature: 10/20/2017