

Foster Family Home - Corrective Action Report

Provider ID: 1-110072

Home Name: Florily Espina, LPN

Review ID: 1-110072-7

45-701 Puohala Street

Reviewer: Sue Lo

Kaneohe

HI 96744

Begin Date: 10/10/2017

End Date: 10/21/2017

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 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 11/10/2017.

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;

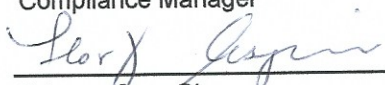
7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1)eCrim lapsed due/on before 3/10/17 was done 7/2/17 for CG#1 and CG#2; due on/before 6/16/16 was done 4/12/17 for CG#3; due on/before 3/18/17 was done 7/2/17 for CG#4; and due on/before 3/11/17 was done 7/2/17 for CG#5.

7.1.(a)(2) Adult Protective Services/Child Abuse Neglect (APS/CAN) due on/before 3/10/17 was done 7/15/17 for CG#1 and CG#2; due on/before 6/16/16 was done 4/12/17 for CG#3; due on/before 3/18/17 was done 7/5/17 for CG#4; and due on/before 3/11/17 was done 7/5/17 for CG#5.


Compliance Manager


Primary Care Giver

10/10/2017
Date

10/10/2017
Date

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

CCFFH Name: FLORILY J. ESPINA

CCFFH Address: 45-701 Puohala Street, Kaneohe, HI 96744

Rule Number	Corrective Action Taken	Date of Corrected	Prevention Strategy
7.1.a.2.1	Lapse cannot be corrected for caregivers #1, #2, #3, #4, #5	Oct. 10, 2017	Caregivers understand that background checks such as fingerprinting, APS/CAN, and Ecrim need to be done prior expiration. Primary Caregiver will use calendar on cellphone, laptop and desk computer to reminds every caregivers to input all the due dates to prevent future lapses.

Primary Caregiver's Signature: *Florily Espina* L.P. #1/PCG
 10/12/17
 PRINT NAME: FLORILY J. ESPINA, PCG/CAN/PCG Date of signature: 10/10/2017