

Foster Family Home - Corrective Action Report

Provider ID: 4-510869

Home Name: Luz Alonzo, CNA

508 South Kamehameha Avenue

Kahului

HI 96732

Review ID: 4-510869-5

Reviewer: David Ayling

Begin Date: 10/3/2017

End Date: 10/6/17

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 3 person CCFH recertification review made on 10/3/17. Corrective Action Report issued during home visit with all items due to CTA by 11/3/17.

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),(2) - No APS/CAN and fingerprints done in 2016 for CG #1 and CG #2. No APS/CAN and eCrim done in 2016 for CG #3. APS/CAN and eCrim expired on 3/24/17 for CG #5. Not done as of this date.

David Ayling
Compliance Manager

10/3/17
Date

Luz R. Alonzo
Primary Care Giver

10/3/17
Date

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

7.1.(a)(1).(2) I have obtained current APS/CAN fingerprints and eCrim from all caregivers and placed in my CTA binder. I have made a list of the expiration dates of the APS/CAN and eCrim for all caregivers and home health member over eighteen years old and placed in the front of my CTA binder. I will review the list weekly.

Thank you,

Luz Alonzo
10/04/17