

# Foster Family Home - Corrective Action Report

Provider ID: 1-518433

Home Name: Myra Venegas, CNA

Review ID: 1-518433-8

1429 Kamehameha IV Road

Reviewer: Sue Lo

Honolulu HI 96819

Begin Date: 9/15/2017

End Date: 10/11/2017

## 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 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/15/2017.

## Foster Family Home Background Checks [17-1454-7.1]

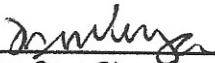
7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) CG#3 2nd set of fingerprinting not present in the Home and CG#4 has no fingerprinting document in the home.

  
\_\_\_\_\_  
Compliance Manager

9/15/2017  
Date

  
\_\_\_\_\_  
Primary Care Giver

9-15-17  
Date

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

CCFFH Name: MYRA N VENEGAS

CCFFH Address: 1429 KAMEHAMEHA IV ROAD HONOLU, HAWAII 96819

| Rule Number | Corrective Action Taken                             | Date Corrected | Prevention Strategy  |
|-------------|---|----------------|--|
| 7.1(a)(1)   | cg#3 2nd set of fingerprinting dated 2012           | 9/16/17        | pcg . should be aware that if a new add on cg. should have 2 year consecutive aps/can/fingerprint in file. and always make a calendar reminder . |
|             | cg# 4 first fingerprinting was completed 05/28/2004 | 9/16/17        | pcg. advice to get a new appt for fingerprint as soon as possible this year and give a copy for pcg.   |

Primary Caregiver's Signature: *Myra Venegas*

Print Name: MYRA N. VENEGAS

Date of Signature: 9/29/17