

Foster Family Home - Corrective Action Report

Provider ID: 1-100015

Home Name: John Ignacio, NA

Review ID: 1-100015-6

91-1011 Kumimi Street

Reviewer: Sue Lo

Ewa Beach

HI 96706

Begin Date: 10/16/2017

End Date: 12/10/2017

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 11/16/2017.

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) Lapsed on eCrim due on/before 8/29/17 was done 10/12/17 for CG#1; due on/before 8/29/17 was done 10/12/17 for CG#2; and due on/before 8/29/15 was done 10/12/17 for HHM#3.

7.1.(a)(2) Lapsed on Adult Protective Services and Child Abuse Neglect (APS/CAN) due on/before 9/2/17 was done 9/6/17 for CG#1; due on/before 7/8/17 was done 10/12/17 for CG#2; and due on/before 9/11/17 was done 10/16/17 for HHM#3.

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


41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

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

Comment:


41.(b)(7) Lapsed on TB clearance due on/before 8/14/17 was done 9/25/2017 for CG#2 and due on/before 5/19/16 was done 6/18/17 for CG#3.

41.(f)(1) HHM#2 has no proof of positive/negative skin test or chest x-ray for TB Clearance.



Compliance Manager

10/16/2017
Date



Primary Care Giver

10/16/17
Date

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

CCFFH Name: JOHN P. IGNACIO

CCFFH Address: 91-1011 KUMIMI ST - EWA BEACH, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a.1) and 7.1(a.2) 41.0(f)	ecrim & APS ^{can} lapsed Cannot be corrected TB clearance lapsed Cannot be fixed	10/16/13' 10/16/13'	To prevent any lapses the home now uses calendar to note Due date before Expires.
41.5.1	HHM #2 obtain the proof of positive/negative skin test	8/3/14'	- Results are now kept @ the Binder at all times

Primary Caregiver's Signature: John P. Ignacio

Print Name: JOHN P. IGNACIO

Date of Signature: 10/29/13'