

Foster Family Home - Corrective Action Report

Provider ID: 1-620832

Home Name: Carmelita Makolo, CNA

94-168 Kupuna Loop

Waipahu

HI

967665

Review ID: 1-620832-6

Reviewer: Sue Lo

Begin Date: 12/14/2017

End Date: 1/3/2018

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 1/14/2018.

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) Lapsed in eCrim due on/before 11/25/17 was done 11/27/17 for CG#1, CG#2, and CG#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

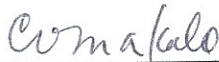
Comment:

41.(b)(7) Lapse on TB clearance due on/before 4/12/16 was done 7/6/17 for CG#1 and due on/before 7/2/16 was done 12/6/17 for CG#2.



Compliance Manager

12/14/2017
Date



Primary Care Giver

12-14-17
Date

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

CCFFH Name: Carmelita V. Makolo
 CCFFH Address: 94-168 Kupuna Loop Waipahu HI. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1) 4.1(b)(7)	All lapses cannot be fixed or corrected.	12-14-17	I understand that back ground check is important and TB. Clearance is important. I will just put in the calendar so that all the requirements will be renew before expired.

Primary Caregiver's Signature: Carmelita

Print Name: Carmelita V. Makolo

Date of Signature: 12-14-17