

Foster Family Home - Corrective Action Report

Provider ID: 1-170052

Home Name: Juliet Carino

Review ID: 1-170052-1

5171 Likini street

Reviewer: Carrie Wakai

Honolulu HI 96818

Begin Date: 9/26/2017

End Date: 9/28/2017

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 new 2 client CCFFH certification survey. Corrective action report issued during the visit with all required items due to CTA by 10/10/17.

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41(b)(5)-The home's auto insurance coverage is less than the required amounts for bodily injury/property damage.

Carrie Wakai
Compliance Manager

9-26-2017
Date

Juliet Carino
Primary Care Giver

9/26/2017
Date

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

CCFFH Name: **JGRA CARINO FOSTER HOME**
 CCFFH Address: **5171 LIKINI ST. , HONOLULU HAWAII 96818**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(5)	CG#1 called Auto Insurance company to upgrade required coverage. New documents was placed administrative binder.	9/26/2017	Home understand the policy requirements and has to be renew prior to expiration.

Primary Caregiver's Signature: *Juliet Grefa Carino*

Print Name: JULIET GREFA CARINO

Date of Signature: 9/27/2017