

Foster Family Home - Criteria Report

Provider ID: 1-170006

Home Name: Maria Keliiholokai

86240 Leihua St.

Waianae HI 96792

Review ID:

Reviewer: David Ayling

Begin Date: 12/6/2017

End Date: 12/13/17

Foster Family Home Required Certificate [17-1454-6]

6.(b) Any person, agency, or organization that wants to operate a home as a community care foster family home to provide, for a fee, twenty-four-hour living accommodations, including personal care and homemaker services for adults who have nursing facility level of care needs and are not related to the person providing the care, shall obtain a certificate of approval from the department.

6.(d) To be certified as a community care foster family home, a person, agency, or organization shall:

6.(d)(1) Comply with all applicable requirements in this chapter; and

6.(d)(2) Not have had a previous license or certificate to provide social or health care services that was revoked within twelve months of the current application for a certificate of approval, except that this restriction shall not apply if the revocation was successfully appealed.

Comment: Home visit for 2 person CCFFH made on 12/6/17. Corrective Action Report issued during home visit with all items due to CTA by 1/6/18.

6.(d)(1) - see applicable sections of the review below

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;

7.1.(a)(1),(2) - No second year APS/CAN and fingerprints done for HHM #1. Due 5/16/17.

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

41.(b)(7) - All CG's and HHM's need a current TB clearance. All expired 1/17/17.

David A. Ayling

Compliance Manager

12/6/17

Date

[Signature]

Primary Care Giver

12/4/17

Date

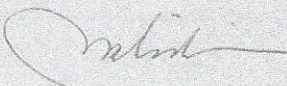
For: Kevin Ayling, RN
Compliance Manager, CTA

From: Maria Belita Kelnholstani
POC - 8040 Leihua St.,
Whittier, HI 96792

Re: Corrective Action Report

- > 7.1.(a)(1),(2) - I have received current copy of the APS/CAN and fingerprint green light report from HHM #1. I have placed the copies in my CTA binder.
- > 41.(b)(7) - I have gotten the TB clearances for all CG's and HHM's and placed them in my CTA binder.

I have written the list of the expiration dates of the APS/CAN and fingerprint + TB clearances for all CG's and HHM's and placed in the front of my CTA binder. I will review monthly.


Maria Belita Kelnholstani
12/10/2017