

# Foster Family Home - Corrective Action Report

Provider ID: 1-617699

Home Name: Maribel Fernandez, CNA

Review ID: 1-617699-5

2178 Aamanu St.

Reviewer: Carrie Wakai

Pearl City HI 96782

Begin Date: 11/27/2017

End Date: 12/07/2017

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

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

Comment:

6.1.d- Home visit made for a 2 bed recertification survey. Corrective action report was issued during the visit with a corrective action plan due to CTA by 12/27/2017.

## 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)& 7.1(a)(2)-  
E-crim lapsed for CG#1 which was due on or before 1/14/17, done 1/19/17 and CG#3's e-crim was due on or before 2/20/16; done 3/18/16. APS/CAN/Fingerprinting results for HHM#1 were not present in the home's folder.

## 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)-No documentation of current tuberculin skin test for HHM#1 present in the Home's folder.

Carrie Wakai Rol  
Compliance Manager

11-27-17  
Date

Maribel Fernandez  
Primary Care Giver

11-27-17  
Date

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

CCFFH Name: Maribel Fernandez CNA  
 CCFFH Address: 2178 Aamanu Street  
PC HI 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
4.1.f.1	HHM #1 went for TB clearance. and results were placed into home record.	12/1/17	The home will keep written reminders of TB requirement due dates for my HHM.
7.1.a.1 7.1.g.2	HHM #1 completed APS/CAN/fingerprinting Results were placed into home record.	12/6/17	The home will keep written reminders of APS/CAN/fingerprinting/e-chim due dates for my HHM & CGS.
	CG #1 & CG #3's e crim lapsed and cannot be corrected	11/27/17	I will remind my HHM & caregivers earlier and more often to complete their requirements.

Primary Caregiver's Signature: Maribel Fernandez

Print Name: Maribel Fernandez

Date of Signature: 11/27/17