

Foster Family Home - Criteria Report

Provider ID: 1-140002

Home Name: Maris Barit

Review ID:

94-1168 Limahana St.

Reviewer: David Ayling

Waipahu

HI

96797

Begin Date: 11/30/2017

End Date: 12/12/17

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6.(d)(2) Not have had a previous license or certificate to provide social or health care services that was revoked within twelve months of the current application for a certificate of approval, except that this restriction shall not apply if the revocation was successfully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 a 2 person CCFH recertification review made on 11/30/17. Corrective Action Report issued during home visit with all items (Action Plan) due to CTA by 12/30/17.

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;

7.1.(a)(1),(2) - Second year APS/CAN and Fingerprints not done until 10/30/17 for CG # 3 (expired on 7/6/17) and 11/28/16 for HHM # 3 (expired on 9/11/16).

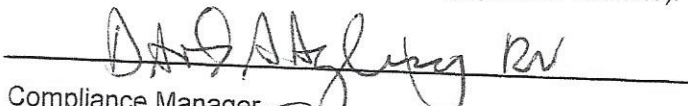
Foster Family Home

Personnel and Staffing

[17-1454-41]

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

41.(b)(7) - No current TB clearance for CG # 3 (expired on 10/26/17).


Compliance Manager

11/30/17
Date


Primary Care Giver

11-30-2017
Date

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

CCFFH Name:
 CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a) (1)(2)	I have added all expiration dates for ADP/CAN and fingerprints for all my SCG's and HHM's.		For the future, I will telephone notification to remind me of all the requirements that is due in two months.
41(b)(7)	CH's TB test completed and placed in the home binder	12/11/17	In the future, all caregivers and house hold members will have calendar date every form that needs to be updated.

Primary Caregiver's Signature: Maite Ruiz

Print Name: MAITE RUIZ

Date of Signature: 12/12/17