

Foster Family Home - Corrective Action Report

Provider ID: 1-560864

Home Name: Noralyne Cansana, CNA

Review ID: 1-560864-5

94-051 Nawaakoa Place

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 11/6/2017

End Date: 11/9/2017

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 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 12/6/2017.

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) Lapsed on eCrim as follows: CG#2- due on/before 8/13/17 was done 10/6/17; CG#3 - due on/before 4/15/17 was done 4/18/17; CG#5 - due on/before 8/13/17 was done 10/18/17; and CG#6 - due on/before 3/24/16 was done 3/28/16.

7.1.(a)(2) Lapsed on Adult Protective Services/Child Abuse Neglect (APS/CAN) as follows: CG#1 and #2 - due on/before 3/24/16 was done 8/25/16; CG#4 - due on/before 7/18/2016 was done 8/25/16; CG#5 - due on/before 3/24/16 was done 8/25/16; and CG#6 - due on/before 3/24/16 was done 3/28/16.

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


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

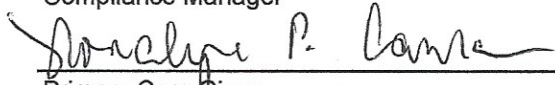
41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

41.(b)(8) Lapsed on TB Clearance: due on/before 4/25/17 was done 9/01/17 for CG#3 and due on/before 8/17/17 was done 9/05/17 for CG#5.

41.(f) Lapsed on TB Clearance due on/before 6/14/17 was done 9/5/17 for HHM#1


Compliance Manager


Primary Care Giver


Date


Date

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

CCFFH Name: QUALITY FOSTER CARE HOME (NORALYNE CANSANA)
 CCFFH Address: 94-051 NAWAIIKA PLACE WAIPAHU HI. 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|-------------------------|----------------|--|
| 7-1(a)(1) | LAPSED CANNOT BE FIX | 11/7/17 | MORE DELIGENT |
| 7-1(a)(2) | LAPSED CANNOT BE FIX | 11/7/17 | IN RECORD KEEPING |
| 41.(b)(8) | LAPSED CANNOT BE FIX | 11/7/17 | BY RECORDING EXPIRATION |
| 41.(f) | LAPSED CANNOT BE FIX | 11/7/17 | DATES ON A SPREAD SHEETS IN EXCEL PROGRAM. |

Primary Caregiver's Signature: Noralyn A. Cansana

Print Name: NORALYNE CANSANA Date of Signature: 11/7/17

