

Foster Family Home - Corrective Action Report

Provider ID: 1-120010

Home Name: Grace Camacho, CNA

Review ID: 1-120010-7

94-728 Loaa Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 1/26/2018

End Date: 1/29/18

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

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 1/26/18. Corrective Action Report issued during home visit with all items due to CTA by 2/26/18.

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

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),(2) - 2nd year APS/CAN and fingerprints not done for HHM #2 and #3. Expired on 9/26/17.



Compliance Manager

1/26/18
Date



Primary Care Giver


01/26/2018
Date

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

CCFFH Name: Grace B. Camacho

CCFFH Address: 94-728 Loaa Street Waipahu HI.,96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a).(1),(2)	I have Obtained a current APS/CAN and Fingerprints for HHM's #2 and #3 and placed in my CTA Binder.	1/29/18	I will add their expiration dates to my list with the other CG's and HHM's.

Primary Caregiver's Signature: 

Print Name: Grace B. Camacho

Date of Signature: 01/29/2018