

# Foster Family Home - Corrective Action Report

Provider ID: 1-561036

Home Name: Melody Pelegreen, CNA

1135 Haloa Drive

Honolulu HI 96

Review ID: 1-561036-

Reviewer: Sue Lo

Begin Date: 12/12/2017

End Date: 1/4/2018

## 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 1/12/2018.

## 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) Current Fingerprinting not present in the Home for CG#3. Last done on 12/27/15.

7.1.(a)(2) Current Adult Protective Services/Child Abuse Neglect (APS/CAN) not present in the home for CG#3. Last done on 1/27/14

## 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.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

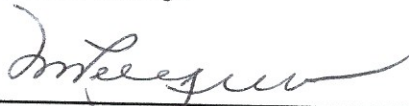
Comment:

41.(b)(7) Current TB Clearance not present in the Home CG#3. Last done 1/08/15.

41.(b)(8) Current CPR, First Aid, and Blood Borne Pathogen not present in the home for CG#3. Last done 1/08/15.

  
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Compliance Manager

12/12/2017  
Date

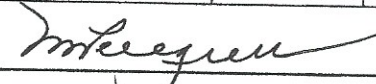
  
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Primary Care Giver

12/12/2017  
Date

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

CCFH Name: Melody Pelegreen  
 CCFH Address: 1135 Hala Dr. Hon. HI 96818

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	ccrim/Fingerprinting done	9/2/16	All the requirements are very important to my home. For now on I will use my calendar and check my for update before expiring.
7.1(a)(2)	APS/CAN done	9/2/16	
4.1(B)(7)	TB clearance done	1/4/17	
4.1(B)(8)	CPR First Aid and Blood Borne Pathogen done	1/4/17 1/16/17	

Primary Caregiver's Signature: 

Print Name: Melody Pelegreen Date of Signature: 12/18/17