

Foster Family Home - Corrective Action Report

Provider ID: 1-120057

Home Name: Tereza Miranda, CNA

94-120 Hulahe Street

Waipahu HI 96797

Review ID: 1-120057-7

Reviewer: Carrie Wakai

Begin Date: 11/28/2017

End Date: 01/03/2018

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 2 person CCFFH requesting to increase to a 3 person CCFFH. Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 12/12/2017.

Foster Family Home Background Checks [17-1454-7.1]

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)(2)- No current APS/CAN results present on HHM #3.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41(f)(1)- No current TB clearance results present on HHM #3.

Carrie Wakai CW

Compliance Manager

T. Miranda

Primary Care Giver

11/28/17

Date

11/28/17

Date

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

CCFFH Name: Tereza Miranda

CCFFH Address: 94-120 Hulahe St. Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.f.1 7.1a.2	HHM#3 went to the Philippines and date of his return is still uncertain. TB clearance and APS/CAN will be completed within 1 month of HHM#3's return to primary caregiver's home.	1/03/18	Home understands TB & background check requirements and will keep track of due dates on a calendar. Home will remind household members one month before due dates and in the future, HHM #3 will be reminded of due dates before he leaves for the Philippines.

Primary Caregiver's Signature: T. Miranda

Print Name: TEREZA MIRANDA

Date of Signature: 01/03/2018