Foster Family Home - Corrective Action Report

Provider ID:

1-611922

Home Name:

Marilyn Speichinger, CNA

Review ID:

1-611922-6

94-1176-A Kahuahale Street

Reviewer:

Sue Lo

Waipahu

HI 96797 Begin Date:

1/12/2018

End Date:

1/16/2018

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 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 2/12/2018.

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) Last Adult Protective Services/Child Abuse Neglect (APS/CAN) checks was 2/12/14 no current APS/CAN checks present in the home for CG#3.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(7)

Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7)Lapsed in TB Clearance due on/before 6/9/17 was done on 9/11/17 for CG#4.

Compliance Manager

1/12/2018 Date 1/12/2018

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1/12/2018 19:08 PM

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

Chapter 17-1454

CCFFH Name: MAKILYAI SPEICHINGER CCFFH Address: 94-1176 Kaliuahale St. Waipahui, Hi 9679 >

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Print Name: Manlyn Speichinger Date of Signature: 1/12/2018