

Foster Family Home - Corrective Action Report

Provider ID: 1-559007

Home Name: Melecia Andres, CNA

Review ID: 1-559007-5

1182 Manuwa Drive

Reviewer: Sue Lo

Honolulu

HI 96818

Begin Date: 1/23/2018

End Date: 2/4/2018

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 2/23/2018.

Foster Family Home


Background Checks

[17-1454-7.1]

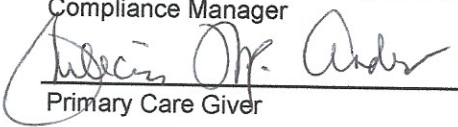
7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) Lapse on eCim due on/before 1/22/17 was done on 1/22/18 for CG#5.



Compliance Manager



Primary Care Giver

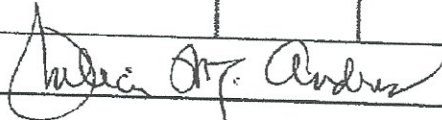
1/23/2018
Date

1/23/2018
Date

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

CCFFH Name: MELECIA M.T. ANDRES
 CCFFH Address: 1182 MANUWA DR., HONOLULU, HI 96818

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7-1(a)(i)	Lapse cannot be corrected	1/23/2018	Upgraded my requirement log to make sure to renew background check before expiration date. I know that background check is very important so it will not happen again in the future. I will put log in front of home binder and review all requirements every month for due dates.

Primary Caregiver's Signature: 

Print Name: MELECIA M.T. ANDRES Date of Signature: 01/23/2018