

Foster Family Home - Corrective Action Report

Provider ID: 1-130003

Home Name: Myrna Tumbaga, CNA

4506 Ukali Street

Honolulu HI 96818

Review ID: 1-130003-6

Reviewer: David Ayling

Begin Date: 1/22/2018

End Date: 1/22/18

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 2 person CCFFH recertification review made on 1/22/18. Corrective Action Report issued during home visit with all items due to CTA by 2/22/18.


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

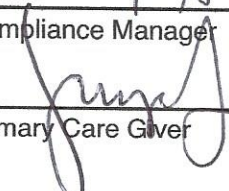
Comment:

7.1(a)(1),(2) - APS/CAN and eCrim not done until 1/26/17 for CG #1. Expired on 8/14/16. APS/CAN and eCrim not done until 1/20/18 for CG #2 and all HHM's. Expired on 3/10/17.



Compliance Manager

1/22/18
Date



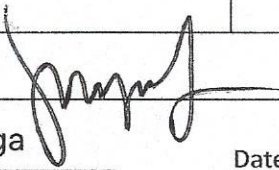
Primary Care Giver

1/22/18
Date

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

CCFFH Name: **Myrna Tumbaga**
 CCFFH Address: **4506 Ukali St Honolulu, HI. 96818**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a) (1)&(2)	I showed current APS/CAN and Ecrim for all caregivers and HHM's to CTA on 1/22/18 (my recertification date)		I have made a list of all items with expiration dates (CPR/ First Aid, TB, APS/CAN) for all caregivers and HHM's. I have placed it in the front of CTA binder so that I will be able to see and review monthly

Primary Caregiver's Signature: 
 Print Name: Myrna Tumbaga Date of Signature: 1/22/18