

# Foster Family Home - Corrective Action Report

Provider ID: 1-583296

Home Name: Nora Holl, CNA

Review ID: 1-583296-5

94-485 Kahualena Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 1/2/2018

End Date: 1/15/18

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

6.(d)(1) - see applicable sections of the review

## 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) - No current APS/CAN and fingerprints for CG #5(expired on 10/19/17). APS/CAN not done in 2016 for CG #1(completed on 7/24/17).

David Ayling  
Compliance Manager

1/2/18  
Date

Nora Holl  
Primary Care Giver

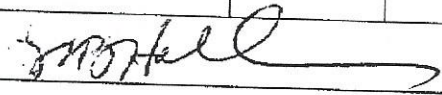
1/2/18  
Date

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

CCFFH Name: Nora Holl Adult Foster Home.

CCFFH Address: 94-485 Kahualena St. Waipahu, Oahu 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1) (2)	I received a current APS/CAN and Finger Print from CG#5 and placed in my CTA binder. I showed CTA a current APS/CAN for CG#1 on the day of my CTA visit.	1/08/18	I placed all items with an expiration date (CPR, TB, APS/CAN) for all CG'S and HHm'S in my cellphone calendar. I set the reminder for a month before they expire.

Primary Caregiver's Signature: 

Print Name: Nora b. Holl

Date of Signature: 1/8/2018