

Foster Family Home - Corrective Action Report

Provider ID: 1-512633

Home Name: Shirley Gapuz, CNA

91-1178 Kuano'o Street

Ewa Beach

HI 96706

Review ID: 1-512633-7

Reviewer: Carrie Wakai

Begin Date: 1/11/2018

End Date:

1/17/2018

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 client CCFH recertification survey. Corrective action report issued during the visit with a corrective action plan due to CTA by 2/11/18.

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;

Comment:

7.1(a)(1)-No 2nd fingerprinting for CG #1 present in the home's folder.

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)-Current TB clearance for CG#2 & HHM#1 not present in the home's folder.

Carrie Wakai
Compliance Manager
Shirley A. Gapuz
Primary Care Giver

1/11/2018
Date
1/11/2018
Date

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

CCFFH Name: Shirley Gapuz
 CCFFH Address: 91-1178 Kuano St, Ewa Beach HI 96706

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|---|----------------|--|
| 7.1(a)(1) | I was able to locate first fingerprinting (DH letter 112604) for CG #1. & file. | 1/17/2018 | I should kept it in my folder. |
| 41.(b)(7) | TB clearance was obtained for CG#2, HM#1. It was placed into home record. | 1/17/2018 | Will use calendar on iPhone to input all due dates to prevent any future lapses. |

Primary Caregiver's Signature: Shirley Gapuz

Print Name: Shirley Gapuz

Date of Signature: 1/17/2018