

Foster Family Home - Corrective Action Report

Provider ID: 1-100106

Home Name: Helen Claveria, NA

Review ID: 1-100106-6

94-1261 Huakai Street

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 3/7/2018

End Date: 3/20/18

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 4/07/2018.

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) Second sets of fingerprinting for CG#3 not present in the Home.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:


41.(f) Lapse on TB Clearance due on/before 3/2/16 was done on 3/7/18 for HHM#2.

Foster Family Home Fire Safety [17-1454-45]

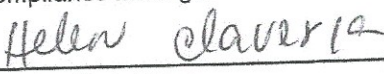
45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45. (a) Documentation for unannounced fire drill for night time not present in the Home.



Compliance Manager



Primary Care Giver

3/7/2018
Date

3-7-2018
Date

3/7/2018 16:10 PM

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

CCFFH Name: HELEN CLAUVERIA
 CCFFH Address: 93-1201 Kuakai St.
 Waiipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7)(a)(i)	CG # 3 Criminal record taken 3.12.18	3.12.18	Finger Print resolved, PCG understand the background requirements. and placed in home binder permanently.
41.(CF)	HHM # 2 TB test taken 3.8.18 lapse cannot be fix.	3.8.18	PCG understand TB test is done annually. PCG used calendar & placed in the kitchen by the wall. and also I phone to input all due date to prevent future lapses & I will check every month.
45(a)	PCG conducted fire drill at night.	3.8.18	PCG understand fire drill is to be done, day, evening & night. For reminder put the calendar by the wall in the kitchen to conduct unannounced fire drills every month.

Primary Caregiver's Signature: Helen Claveria

Print Name: HELEN CLAUVERIA

Date of Signature: 3.12.18