

Foster Family Home - Corrective Action Report

Provider ID: 4-100012

Home Name: Julie Bonilla, CNA

Review ID: 4-100012-7

1025 Kokomo Road

Reviewer: David Ayling

Haiku

HI 96708

Begin Date: 12/19/2017

End Date: 2/19/18

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 CCFFH recertification review made on 12/19/17. Corrective Action Report issued during home visit with all items due to CTA by 1/19/18.

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) - No second year fingerprint done for CG #2(due 12/22/16).

eCrim done on 9/26/17 for CG #1(due 11/25/16).

7.1.(a)(2) - No current APS/CAN for HHM #1(expired on 4/7/17).

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) - TB clearance not done until 10/26/17 for CG #2(expired on 5/31/17).


Compliance Manager

12/19/17
Date


Primary Care Giver

12/19/17
Date

7.1.(a)(1),(2)- I have received a current fingerprint from CG#2 and a current APS/CAN for HHM#1 and placed in my CTA binder. I showed CTA current eCrim for CG#1 at my certification on 12/19/17

41.(b)(7)- I showed CTA a current TB clearance for CG#2 on the day of my review 12/19/17. I have placed all items with expiration dates (CAP, TB, APS/CAN) on a list and placed the list on my refrigerator door. I will review everyday

Julie Bonilha
2/5/2018