

Foster Family Home - Corrective Action Report

Provider ID: 1-561945

Home Name: Lenie Allera, CNA

Review ID: 1-561945-5

203 Plum Street

Reviewer: Sue Lo

Wahiawa HI 96786

Begin Date: 12/27/2017

End Date: 1/30/2018

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 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/27/2018.

Foster Family Home Background Checks [17-1454-7.1]

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)(2) Lapsed on Adult Protective Services/Child Abuse Neglect (APS/CAN) checks due on/before 3/22/17 was done 4/24/17 for HHM#2.


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


41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

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.(b)(7) and 41.(f) Lapsed on TB Clearance for the following: due on/before 3/24/17 was done 10/30/17 for CG#1; due on/before 3/22/17 was done 4/24/17 for CG#2; due on/before 8/22/16 was done 12/20/16 for CG#3; and due on/before 2/22/17 done was 4/24/17 for HHM#2.


Compliance Manager


Primary Care Giver

12/27/2017
Date

12/27/17
Date

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

CCFH Name: LENIE ALVERA
 CCFH Address: 203 Plum St. Wahiawa HI 96786

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|----------------------------------|---------------------------|----------------|--|
| 7.1(a)(2) 41.(b)(7) 41.(F) | Lapse cannot be corrected | 12/28/17 | I understand that background checks and TB clearance are very important requirements. From now on I will keep my list of requirements to renew CTA requirements before due date. List in input of my home binder. PCS will check it once a month |

Primary Caregiver's Signature: [Signature]

Print Name: LENIE R. ALVERA

Date of Signature: [Signature] 12/28/17

[Signature] 01/30/18