

# Foster Family Home - Corrective Action Report

Provider ID: 1-120019

Home Name: Elmer Perez, CNA

Review ID: 1-120019-8

94-284 Loaa Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 4/11/2018

End Date: 5/02/2018

## 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 client CCFFH environmental review. Home is in compliance with all environmental requirements. Move letter given with a move in date of 4/16/18.  
A Corrective Action Report was issued for requirements that were not met during 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.(a)(1) & 7.1(a)(2)-No APS/CAN/Fingerprinting present on HHM#1 and HHM #2.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41(f)(1)- No TB clearance present on HHM#1 and HHM#2.

Carrie Wakai  
Compliance Manager

[Signature]  
Primary Care Giver

4/11/2018  
Date

4/11/18  
Date

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

CCFFH Name: ELMER PEREZ COFFH  
 CCFFH Address: 94-284 # A LOAA ST. WAIKAPU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(1)	HHM #1 & #2 - SECURE ECRIM CERTIFIED RECORD	4/30/18	INITIATE RED TAG RECORD AND INSTALL ALERT MODE ON MY COMPUTER FOR THE NEEDED REQUIREMENTS AND EXPIRING DOCUMENTS REGARDING MY CCFFH.
7.1.(a)(2)	HHM #1 & #2 - SECURE ECRIM CERTIFIED RECORD	4/19/18	
41.(F)(1)	HHM #1 - SECURE TB CLEARANCE FROM THE STATE OF HAWAII DEPARTMENT OF HEALTH	4/12/18	
41.(F)(1)	HHM #2 - SECURE TB CLEARANCE FROM THE STATE OF HAWAII DEPARTMENT OF HEALTH	4/27/18	

Primary Caregiver's Signature: \_\_\_\_\_

Print Name: ELMER A. PEREZ

Date of Signature: 5/02/2018