

Foster Family Home - Corrective Action Report

Provider ID: 4-180014

Home Name: Evelyn Queja, CNA

Review ID: 4-180014-1

61 Kaiemi Street

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 4/26/2018

End Date: 5/3/18

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 new 2 person CCFFH certification review made on 4/26/18. Corrective Action Report issued during home visit with all items due to CTA by 5/26/18.

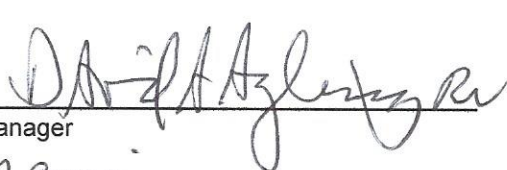
6.(d)(1) - see applicable sections of the review

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

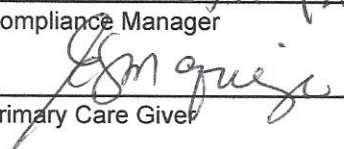
7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) - No current APS/CAN for new CG #2.


Compliance Manager

4/26/18
Date


Primary Care Giver

4/26/18
Date

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

CCFFH Name: Evelyn Queja

CCFFH Address: 61 Kaiemi st. Kahului, HI. 96732

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(2)	I have obtained a current APS/CAN from CG #1 and placed in my CTA binder.	4/30/18	I have made a list of all items (CPR, TB, APS/CAN..) that have expiration dates for all CG's and placed in the front of on my CTA binder. I will review list monthly.

Primary Caregiver's Signature: *Evelyn Queja*

Print Name: Evelyn Queja

Date of Signature: 4/30/18