

Foster Family Home - Corrective Action Report

Provider ID: 1-160030

Home Name: Leoven Deloso, NA

Review ID: 1-160030-5

94-270 Kipou St.

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 3/28/2018

End Date: 4/28/18

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 2 person CCFFH recertification review made on 3/28/18. Corrective Action Report issued during home visit with all items due to CTA by 4/28/18.

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),(2) - No current APS/CAN and fingerprints for new HHM's #1 and #2.

Foster Family Home Reporting Changes [17-1454-10]

10.(5) In the service delivery site.

Comment:

10.(5) - CG #1 did not report move and change of address.

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.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - No current TB clearance present for CG #1, CG #2, HHM # 1, and HHM #2.

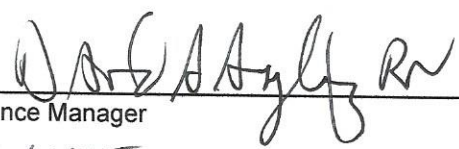
41.(b)(8) - No current Blood Borne Pathogen certification for CG #1 and CG #2

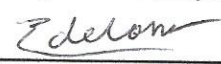
Foster Family Home Insurance Requirements [17-1454-49]

49.(a)(1) General;

Comment:

49.(a)(1) - No current Liability Insurance present for CG #1.


Compliance Manager


Primary Care Giver

3/28/18
Date

3/28/18
Date

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

CCFFH Name: Leoven Deloso CCFFH
 CCFFH Address: 94-502 Kahualena St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
6.d.1	Corrective Action Plan created.	4/28/18	I will comply with the requirements of CTA.
7.1.a.1,2		4/14/18	
10.5	HHM #1 and HHM #2 will not be residing in the home.	3/28/18	Criminal history record checks and APS/CAN will be for any new HHM to live in the home.
41.b.7	Unable to correct.	4/28/18	I will inform CTA of any plans to move my CCFFH.
41.b.8		4/28/18	
49.a.1	TB clearance has been obtained for CG #1 and #2.	4/3/18	I will organize my binder so that all the required documents are maintained. I will keep all expiration dates on my smartphone to prevent any lapses in these certifications. This document will remain in the binder and will be updated as needed.
	Blood Borne Pathogen certification has been obtained for CG #1 and #2.		
	Liability Insurance updated and obtained.		

Primary Caregiver's Signature: *Leoven Deloso*

Print Name: Leoven Deloso

Date of Signature: 4/28/18