

# Foster Family Home - Corrective Action Report

Provider ID: 1-563264

Home Name: Melanie Badua, CNA

Review ID: 1-563264-5

1415 Auld Lane

Reviewer: Carrie Wakai

Honolulu HI 96817

Begin Date: 4/11/2018

End Date: 4/25/2018

## 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 recertification review. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 5/8/2018.

## 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) & 7.1(a)(2)-No APS/CAN/Fingerprinting present 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

Comment:

41(b)(7)-No tuberculin skin test present for CG#1 and no TB clearance completed on CG#3 and HHM#2.

Carrie Wakai RN  
Compliance Manager

[Signature]  
Primary Care Giver

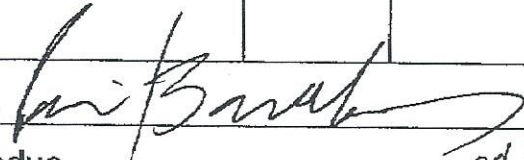
4-11-18  
Date

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: **Melanie Badua's Foster Home**  
 CCFFH Address: **1415 Auld Ln. Honolulu, Hi 96817**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.(1)(a) (1)&7.1(a) ) (2)	APS/CAN and Fingerprinting done for HHM#2 and now present in binder.	4/18/18	Home will keep up to date with all DOH rules and regulations at all times. Will also check CTA website constant.
4 1. (b)(7)	Tuberculin checklist done for CG#1 and now present in binder. Tuberculin checklist done for CG#3 and now present in binder. Tuberculin skin test done for HHM#2 and now present in binder.	4/17/18 4/17/18 4/18/18	Home will keep track on computer of required paperwork due dates to be sure 3 months before paperers expire for enough time to renew. Also keep checklist in binder of all due dates.

Primary Caregiver's Signature:   
 Print Name: Melanie P. Badua Date of Signature: 04/25/18