

Foster Family Home - Corrective Action Report

Provider ID: 1-634651

Home Name: Meloni Trias, CNA

Review ID: 1-634651-7

96-137 B Waiawa Road

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 3/13/2018

End Date: 5/11/18

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 3/13/18. Corrective Action Report issued during home visit with all items due to CTA by 4/3/18.

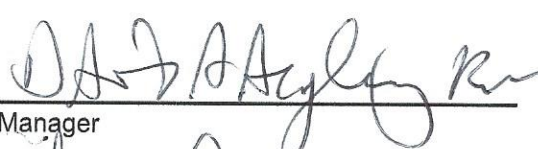
6.(d)(1) - see applicable sections of the review

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

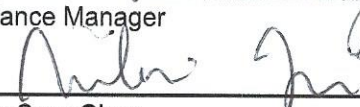
7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) - 2nd year fingerprints not done for CG #3(due on 2/15/18).


Compliance Manager

3/13/18
Date


Primary Care Giver

3/13/18
Date

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

CCFFH Name: Meloni M. Trias

CCFFH Address: 96-137 Waiawa Rd., Pearl City, HI 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(1)	I have obtained current fingerprints for CG #3 and placed in my CTA binder	3/14/2018	I have made a list of all the items with expiration dates(APS/CAN, TB, CPR...) and placed it in the front of my CTA binder I will review monthly.

Primary Caregiver's Signature: Meloni Trias

Print Name: Meloni M. Trias

Date of Signature: 3/15/18