

# Foster Family Home - Corrective Action Report

Provider ID: 1-512427

Home Name: Perla Amistad, CNA

Review ID: 1-512427-7

94-1067 Haalau Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 5/14/2018

End Date:

5/15/2018

## 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 bed CCFFH recertification survey. A Corrective Action Report was issued during the home visit with a Corrective Action Plan due to CTA by 6/14/2018.

## Foster Family Home

## Records

[17-1454-52]

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

52(c)(2)-Client #3's current service plan is overdue. It was last completed on 6/19/2017 and is due every 6 months.

*Carrie Wakai RN*

Compliance Manager

*Perla T Amistad*

Primary Care Giver

*5-14-18*

Date

*5-14-18*

Date

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

CCFFH Name: Perla Amstad  
CCFFH Address: 94-1067 Healan St Walpaha 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
52(c)	<sup>(2)</sup> Service plan was done by client's CMA. It was placed into the client record.	5/15/18	Home will notify CM when service plan is done due for review before next visit.

Primary Caregiver's Signature: Perla Amstad

Print Name: PERLA AMSTAD

Date of Signature: 5/15/18