

Foster Family Home - Corrective Action Report

Provider ID: 1-509424

Home Name: Rosalina Ayala, CNA

Review ID: 1-509424-4

91-1298 Hoopio Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 5/29/2018

End Date: 5/29/18

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 5/29/18. Corrective Action Report issued during home visit with all items due to CTA by 6/9/18.

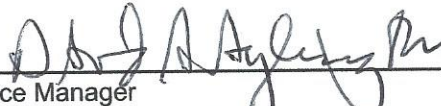
6.(d)(1) - see applicable sections of the review

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) - APS/CAN not done for CG #2, HMM #1 and HMM #2 until 5/23/18. Expired on 3/5/17.


Compliance Manager

5/29/18
Date


Primary Care Giver

05/29/18
Date

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

CCFFH Name: ROSALINA AYALA

CCFFH Address: 91-1298 HOOPPO ST., EWA BEACH, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(2)	I showed CTA current APS/CAN for CG #2 HMM #1 and #2 on the day of my recertification.	5.29/18	I made a list of the expiration date of the APS/can for all CG's and HMM's in the front of my CTA binder. I will review it monthly.

Primary Caregiver's Signature: Rosalina J. Ayala

Print Name: Rosalina J. Ayala Date of Signature: 05.29.2018