

# Foster Family Home - Corrective Action Report

Provider ID: 1-130044

Home Name: Shiela Marie Calantoc, NA

Review ID: 1-130044-6

1334 Olina St.

Reviewer: Carrie Wakai

Salt Lake HI 96818

Begin Date: 5/3/2018

End Date: 5/08/2018

## 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 new 2 client CCFFH certification survey. A Corrective Action Report was issued during the home visit with a Corrective action plan due to CTA by 5/17/2018.

## 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:

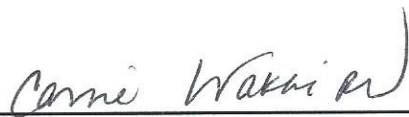
7/1(a)(1) & 7.1(a)(2)-APS/CAN/Fingerprinting was not present for CG#3 and no fingerprinting results present for CG#1.

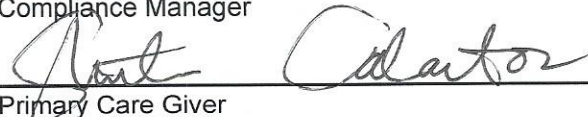
## Foster Family Home Physical Environment [17-1454-48]

48.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

48(a)(2)-No grab bars present in the client's shower area.

  
Compliance Manager

  
Primary Care Giver

5/13/2018

Date


5/3/2018

Date

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

CCFFH Name: Shiela Marie Calantoc  
 CCFFH Address: 1334 Olino street. Honolulu. Hawaii. 96818

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
48(a)(2)	Installed grab bars in clients bathroom area.	5/4/18	I will check grab bars to make sure they are securely fastened on the all the bathroom wall several times a month. and also, I will teach clients how to use the grab bars and decide if the location and placement needs to be repositioned to make it within their reach.
7.1(a)(1) & 7.1(a)(2)	Obtained the missing APS/CAN/Fingerprinting copies for PCG#1 and HHM#1 and filed them in the folder.	5/4/18	I will make sure all the paperworks are up to date for my record and caregivers and I will also put all the expiration dates on the calender and make a note of it, 2 months before the due dates.

Primary Caregiver's Signature:   
 Print Name: Shiela Marie Calantoc Date of Signature: 5/8/18