

Foster Family Home - Corrective Action Report

Provider ID: 1-170043

Home Name: Shirley Baldonado, CNA

Review ID: 1-170043-2

94-1121 Kaloli Loop

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 5/1/2018

End Date: 5/1/18

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 5/1/18. Corrective Action Report issued during home visit with all items due to CTA by 6/1/18.

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) - 1st year fingerprints not done for HHM #1.

DA Ayling Rv
Compliance Manager

SBaldonado
Primary Care Giver

5/1/18
Date

5/1/2018
Date

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

CCFFH Name:
CCFFH Address:

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|--|----------------|---|
| 7-1.(a)(1) | I have obtained a current fingerprint from HHM #1 and placed in my CTA binder. | | I will get APS/CAN and fingerprints for all newly admitted HHM to my CCFFH. |

Primary Caregiver's Signature: SBaldonado

Print Name: SHIRLEY R. BALDONADO Date of Signature: 5/02/2018