

Foster Family Home - Corrective Action Report

Provider ID: 1-563751

Home Name: Adela Salacup, CNA

Review ID: 1-563751-6

94-1067 Kuhaulua Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 6/19/2018

End Date:

6/30/2018

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 recertification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 7/17/2018.


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

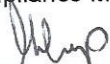
7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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)-No 2nd APS/CAN/Fingerprinting present for HHM#2 & HHM#3.


Compliance Manager


Primary Care Giver


Date

6/19/18
Date

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

CCFFH Name: Adela Salacup, CNA
 CCFFH Address: 94-1067 Kuhaulua St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1) 7.1(a)(2)	HHM #2 completed APS/CAN/ Fingerprinting. HHM #3 completed APS/CAN/ Fingerprinting. HHM#3 does not live at the PCG's home (assists with housecleaning/ cooking) and will be removed as a HHM in the folder.	6/19/18 finger- print results pending	Home understands background check requirements and will keep written reminders on wall calendar and phone reminders of due dates so it does not lapse.

Primary Caregiver's Signature: _____ 

Print Name: Adela Salacup

Date of Signature: 07/01/18