

# Foster Family Home - Corrective Action Report

Provider ID: 1-100075

Home Name: Divinagrace Ordonia, CNA

Review ID: 1-100075-8

91-1766 Lau'o Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 6/15/2018

End Date: 6/20/18

## 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 3 person CCFFH recertification review made on 6/15/18. Corrective Action Report issued during home visit with all items due to CTA by 7/15/18.

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;

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),(2) - No proof of 2nd year APS/CAN and fingerprints for CG #4.

David Ayling  
Compliance Manager

Divinagrace Ordonia  
Primary Care Giver

6/15/18  
Date

6/15/18  
Date

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

CCFFH Name: Divinagrace Ordonia  
 CCFFH Address: 91-1706 Lan's St. Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1), (2)	Received a current APS/CAN and Fingerprinting from CG #4 and in my CTA binder.	6/20/18	I have made a list of all items with expiration dates (APS/CAN, TB, CPR/FA) for all CG's and placed the list in the front on my CTA binder. I will review monthly.

Primary Caregiver's Signature: Divinagrace Ordonia

Print Name: Divinagrace Ordonia Date of Signature: 6/20/2018