

# Foster Family Home - Corrective Action Report

Provider ID: 1-100088

Home Name: Evelyn Beltran, CNA

Review ID: 1-100088-4

94-375 Mokuola Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 6/22/2018

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 2 client CCFFH recertification survey. A corrective action report was issued during the visit with a corrective action plan due to CTA by 7/22/2018.

6.d.1-Acceptable written plan of correction received and approved on 6/30/18.

## 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 APS/CAN/Fingerprinting present for HHMs #3-#5.

## Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41(b)(7)-No current TB clearance present for HHMs #3-#5.

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

48.(d) When there are intended changes to the home, the department shall be notified prior to the changes occurring.

Comment:

48(d)-Home has a door that leads to another section of the home and is blocked by a dresser drawer.

Carrie Wakai  
Compliance Manager

Evelyn J. Beltran  
Primary Care Giver

6/22/18  
Date

6/22/18  
Date

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

CCFFH Name: EVELYN J. BELTRAN

CCFFH Address: 94-375 MAKAOA ST. WAIPIAHU HI 96797

| Rule Number                        | Corrective Action Taken                                                                                 | Date Corrected | Prevention Strategy                                                                                                         |
|------------------------------------|---------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------|
| 48(d)                              | I removed the dresser drawer from blocking the door way.                                                | 6/22/18        | I understand now i can't block off a connecting door way.                                                                   |
| 7.1(a)(1)<br>7.1(a)(2)<br>41(b)(7) | adult HHM's 3-5 disclosed & their requirements were completed (APS, CAN, Finger print & T.B. clearance) | 6/27/18        | In the future new household members will get their back ground requirements. Every month i check the calendar for due date. |

Primary Caregiver's Signature: Evelyn J. Beltran

Print Name: EVELYN J. BELTRAN Date of Signature: 6/27/18