

Foster Family Home - Corrective Action Report

Provider ID: 1-170042

Home Name: Jesusa Miguel, CNA

Review ID: 1-170042-2

94-1007 Hiapo St.

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 6/15/2018

End Date: 6/15/2018

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 bed requesting to increase to 3 bed CCFFH recertification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 7/15/2018.

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)-Second APS/CAN/Fingerprinting for CG#1 lapsed, APS/CAN/Fingerprinting was due 2/25/14 and done 5/12/17.

Carrie Wakai
Compliance Manager

Jesusa Miguel
Primary Care Giver

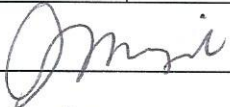
6/15/18
Date

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: JESUSA CORAZON MIGUEL
 CCFFH Address: 94-1007 HAPO ST., WAMPATU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.19(1) & (2)	CARE GIVER WAS ABLE TO LOCATE PREVIOUS AFS/CAN & FINGER - PRINTING AND ALREADY FILE THEM IN THE FOLDER	6/15/18	HOME WILL CONTINUE TO BE MORE ORGANIZED WITH FILING. IN THE FUTURE HOME WILL USE CALENDAR ON IPHONE TO INPUT ALL DUE DATES TO PREVENT ANY FUTURE LAPSES.

Primary Caregiver's Signature: 

Print Name: JESUSA CORAZON MIGUEL Date of Signature: 06/15/18