

Foster Family Home - Corrective Action Report

Provider ID: 1-160061

Home Name: Juvy Perez, CNA

1621 Kaumoli Street

Pearl City HI 96782

Review ID: 1-160061-4

Reviewer: Angelica Galindo

Begin Date: 7/19/2018

End Date:

8/08/18

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 7/19/2018. PCG request to increase to a 3 client CCFFH. Corrective Action Report issued during home visit with all items due to CTA by 8/19/2018.

6.(d)(1) - See applicable sections of the review

Foster Family Home

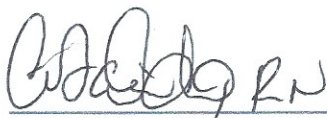
Background Checks

[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) - Second set of fingerprints for CG#1 due 7/20/2017, done on 10/09/2017.



Compliance Manager



Primary Care Giver

7/19/18

Date

8/19/18

Date

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

CCFFH Name: **Juvy Perez**

CCFFH Address: **1621 Kaumoli St. Pearl City, Hawaii 96782**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	Second set of fingerprint for CG#1 due 7/20/17 and was done 10/09/17. Lapsed cannot be corrected.	8/2/18	lapse on fingerprinting for CG#1 will not happen again in the future. The home is now using special calendar date on I phone to keep track and alert on personal requirement that are expiring before the due.

Primary Caregiver's Signature: 

Print Name: JUVY PEREZ

Date of Signature: 8-2-18