

Foster Family Home - Corrective Action Report

Provider ID: 1-562472

Home Name: Anita Locquiao, CNA

4429 Likini Street

Honolulu

HI 96818

Review ID: 1-562472-6

Reviewer: Carrie Wakai

Begin Date: 5/18/2018

End Date:

8/24/18

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 6/18/2018.

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;

Comment:

7.1.(a)(1)-No current E-crim present for CG#2-last done 5/9/16.

Foster Family Home Personnel and Staffing

[17-1454-41]

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41(e)-No current Certified Nurse Aide and/or Nurse Aide certificate could be found in the folder for SCG#2.

Carrie Wakai
Compliance Manager

Ante Lopez
Primary Care Giver

5-18-18

Date

5-18-18

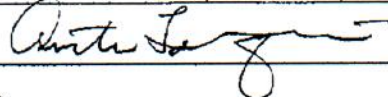
Date

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

CCFFH Name: Anita Locquiao

CCFFH Address: 4429 Likini Street, Honolulu, HI 96818

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(1)	Obtained e-crim for SCG#2	8-01-18	Home understands the background requirements. Home will use calendar on iPhone to input all due dates to prevent any future lapses.

Primary Caregiver's Signature: 

Print Name: Anita Locquiao

Date of Signature: 8-01-18

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

CCFFH Name: ANITA LOQUIAO
 CCFFH Address: 4429 Likini St. Hon HI

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(e)	RE: to SCG#2, with the help of Angel of CTA, I was able to satisfy the NA from CNA with a note from Prometric. Via their records of previous renewals on file.	8-01-18	I believe this is the proof and forever be on file from this moment on. Thanks to Angel of CTA.

Primary Caregiver's Signature: Anita Loquiao

Print Name: Anita Loquiao Date of Signature: 9-05-18