

# Foster Family Home - Corrective Action Report

Provider ID: 1-618829

Home Name: Corazon Benigno, CNA

Review ID: 1-618829-7

94-174 B Awanui Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 8/1/2018

End Date: *09/04/18*

## 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 8/01/18. Corrective Action Report issued during home visit with all items due to CTA by 9/01/18.

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) & 7.1.(a)(2) - Second set of APS/CAN/Fingerprints for CG#5: was due on/before 9/21/2017, done on 6/14/2018.

## 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) - TB Clearance lapsed for CG#4: was due on/before 2/20/2018, done on 5/03/2018. No TB Clearance for CG#5 for 2017 present.

*Angelica Galindo RN*  
\_\_\_\_\_  
Compliance Manager

*8/01/18*  
\_\_\_\_\_  
Date

*Corazon Benigno*  
\_\_\_\_\_  
Primary Care Giver

*8/01/18*  
\_\_\_\_\_  
Date

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

CCFFH Name: **Corazon Benigno, NA**  
 CCFFH Address: **94-174 Awanui St. Waipahu HI, 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1 (a) (1)	Lapse Unable to be corrected, but current. and in Binder for CG#5.	1/30/18	My CCFFH will use cell phone alert 2 months prior to due dates to prevent future lapse.
7.1 (a) (2)	Lapse Unable to be corrected, but current and in Binder for CG#5.	1/30/18	My CCFFH will use cell phone alert 2 months prior to due dates to prevent future lapse.
41 (b) (7)	Lapse Unable to be corrected for CG#4 & CG#5, but is current and in binder. Tb clearance for CG #5 done on <u>January 30, 2018</u> and TB clearance for CG#4 done on <u>May 3, 2018</u> . Both placed on CTA binder.	5/3/18	I understand the importance of background checks within a timely manner. My CCFFH will use cell phone alert 2 months prior to due dates of All required items, to prevent future lapse.

Primary Caregiver's Signature: *Corazon Benigno*

Print Name: Corazon Benigno, NA

Date of Signature: 9/06/18