

Foster Family Home - Corrective Action Report

Provider ID: 1-130028

Home Name: Elsa Atis, CNA

Review ID: 1-130028-7

91-1047 Kuhina St.

Reviewer: Angelica Galindo

Ewa Beach HI 96706

Begin Date: 8/20/2018

End Date: 9/06/18

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 3 person CCFFH recertification review made on 8/20/18. Corrective Action Report issued during home visit with all items due to CTA by 9/20/18.

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;

Comment:

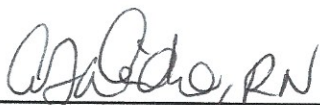
7.1.(a)(1) - eCrim lapsed for CG#1: was do on/before on 4/21/2018, done on 7/13/2018.

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) - No current TB Clearance present for CG#1 and CG#2: both last done on 4/25/2016.



Compliance Manager



Primary Care Giver



Date



Date

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

CCFFH Name: ELSA ATIS

CCFFH Address: 91-1047 Kuhina St. Ewa Beach HI. 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(200)	Eerim lapsed on caregiver #1. Eerim obtained on 7/13/18	6/7/18/2018	Home will use Alert on Iphone 30 days prior to background checks before it expires to prevent future lapses.
44.(b)(7)	TB clearance for CG#1 & CG#2 obtained on 8/28/18	8/28/18	Home will use Alert on Iphone 30 days prior to TB test before they expires to prevent future lapses.

Primary Caregiver's Signature: ELSA ATIS

Print Name: ELSA ATIS

Date of Signature: August 29, 2018