

Foster Family Home - Corrective Action Report

Provider ID: 5-130040

Home Name: Jesusa Sebastian, CNA

Review ID: 5-130040-6

4306 Aikepa Street

Reviewer: David Ayling

Lihue HI 96766

Begin Date: 8/13/2018

End Date: 8/13/18

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 8/11/18. Corrective Action Report issued during home visit with all items due to CTA by 9/13/18.

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

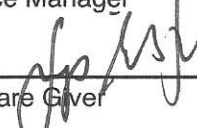
Comment:

7.1.(a)(1),(2) - Second year APS/CAN and fingerprints expired on 5/22/18 for CG #6. Not done until 8/3/18.



Compliance Manager

8/13/18
Date



Primary Care Giver

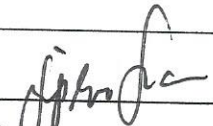
8/13/18
Date

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

CCFFH Name: JESUSA SEBASTIAN

CCFFH Address: 4306 Arlepa St. Lihue, Hawaii 96766

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.(a)(1) (2)	I showed CTA a current APS/CAN and fingerprints for CG #6 on the day of my recertification.	8/13/18	I have placed the expiration dates for APS/CAN and fingerprints for all CG's on my iPhone calendar. I set the reminder for 2 weeks prior to expiration.

Primary Caregiver's Signature: 

Print Name: JESUSA SEBASTIAN

Date of Signature: 8/13/2018