

Foster Family Home - Corrective Action Report

Provider ID: 1-170049

Home Name: Maria Rafael, NA

Review ID: 1-170049-2

1140 Kamehameha IV Road

Reviewer: Angelica Galindo

Honolulu HI 96819

Begin Date: 7/27/2018

End Date: 8/16/18

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 7/27/18. Corrective Action Report issued during home visit with all items due to CTA by 8/27/18.

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)- APS/CAN/Fingerprints lapsed for CG#1: was due on/before 2/27/2018, done on 7/18/2018. No 2017 APS/CAN and Fingerprint checks present for CG#3.

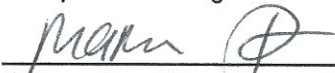
Foster Family Home Personnel and Staffing [17-1454-41]


41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

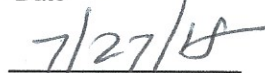
Comment:

41.(b)(7)- No current TB clearance present for CG#4 and CG#5.


Compliance Manager


Primary Care Giver


Date


Date

