

Foster Family Home - Corrective Action Report

Provider ID: 1-180040

Home Name: Olivia Sadio, NA

Review ID: 1-180040-1

94-1006 Lumi Street

Reviewer: Lori O'Keefe

Waipahu HI 96797

Begin Date: 7/26/2018

End Date:

for
~~8/3/18~~ 8/24/18

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for new 2 client home. Corrective action report issued at todays visit due back to CTA by 8/24/18.

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) HHM#3 lacks fieldprint results for APS/CAN/Fingerprints (has been done just no results yet)

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - HHM#3 pending TB reading, incomplete at this time.

Lori O'Keefe
Compliance Manager

7/26/18
Date

[Signature]
Primary Care Giver

7/20/2018
Date

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

CCFFH Name: **Olivia Sadio, NA**
 CCFFH Address: **94-1006 Lumi St. Waipahu, HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(1) 7.1.(a)(2)	Received results for APS/CAN/ Fingerprints and placed in binder for HHM#3	7/31/18	Will ensure documents are completed and filed in the home binder in a timely manner.
41.(f)(1)	Obtained final reading of Tuberculin skin test with negative result and placed in binder for HHM#3	7/27/18	Will ensure documents are completed and filed in the home binder in a timely manner.

Primary Caregiver's Signature: 

Print Name: Olivia Sadio, NA

Date of Signature: 08/20/2018