

Foster Family Home - Corrective Action Report

Provider ID: 1-170044

Home Name: Rowena Young, CNA

Review ID: 1-170044-2

87-162 Manuioi Place

Reviewer: David Ayling

Waianae HI 96792

Begin Date: 6/18/2018

End Date: 8/8/18

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 6/18/18. Corrective Action Report issued during home visit with all items due to CTA by 7/18/18.

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) - No current APS/CAN and fingerprints for CG #1 and CG #2. Expired on 5/27/18.

David Ayling
Compliance Manager

Rowena D. Young
Primary Care Giver

6/18/18
Date

6/18/18
Date

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

CCFFH Name: Young's Foster Care, LLC

CCFFH Address: 87-162 Manuoi PI, Waianae HI 96792

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1) (2)	I obtained current APS/CAN and finger prints for Care Giver #1, and Care Giver #2. I have placed the results in my CTA binder.	7-10-2018	Set reminders on Apple Iphone with reminders set for 1 -2 months prior to expiration. I will also review employees files twice a year to prevent any future problems.

Primary Caregiver's Signature: Rowena Young

Print Name: ROWENA YOUNG

Date of Signature: 8-8-2018