

Foster Family Home - Corrective Action Report

Provider ID: 1-170065

Home Name: MaLyka Alcaraz, CNA

Review ID: 1-170065-2

3554 Likini Street

Reviewer: Angelica Galindo

Honolulu

HI 96819

Begin Date: 11/7/2018

End Date:

11/14/18

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 11/07/18. Corrective Action Report issued during home visit with all items due to CTA by 12/07/18.

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)- Second set of APS/CAN and fingerprints lapsed for CG#1: was due on/before 5/22/2018, done on 9/25/2018.

Angelica Galindo, RN
Compliance Manager

MaLyka Alcaraz, CNA
Primary Care Giver

11/07/18
Date

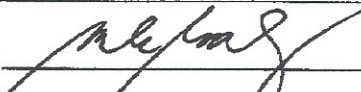
11/07/18
Date

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

CCFFH Name: **ALCARAZ ADULT FOSTER HOME**

CCFFH Address: **3554 LIKINI STREET HONOLULU, HAWAII 96818**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	Lapse cannot be corrected for CG #1 APS, CAN, Fingerprint	09/25/18	Home understands the background check requirements. Home will make a checklist and input all due dates two weeks prior to their expiration. to prevent any future lapses.
7.1(a)(2)	Placed updated APS, CAN, fingerprint on the binder.		

Primary Caregiver's Signature: 

Print Name: MR LYKA CHRYSANTINE R. ALCARAZ Date of Signature: 11/14/2018