

# Foster Family Home - Corrective Action Report

Provider ID: 1-140075

Home Name: Rowena Han, RN

Review ID: 1-140075-5

99-608 Honohina Street

Reviewer: Angelica Galindo

Aiea HI 96701

Begin Date: 10/18/2018

End Date:

11/09/18

## 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 CCFH recertification review made on 10/18/18. Corrective Action Report issued during home visit with all items due to CTA by 11/18/18.

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) - ecrim lapsed for CG#1: was due on/before 9/23/17, done on 3/15/18. ecrim lapsed for CG#2: was due on/before 10/15/17, done on 3/15/18. No 1st set of fingerprints present for HHM#1.

7.1.(a)(2) - APS/CAN checks lapsed for CG#1: was due on/before 9/23/17, done on 11/17/17. APS/CAN checks for CG#2 lapsed: was due on/before 10/15/17, done on 3/19/18. No APS/CAN checks present for HHM#1.

## 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) - No TB clearance present for HHM#1.

Angelica Galindo, RN  
Compliance Manager

Rowena Han  
Primary Care Giver

10/18/18  
Date

10/18/18  
Date

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

CCFFH Name: Rowena Han, RN  
 CCFFH Address: 99-608 Honohina Street, Aiea, HI 96701

| Rule Number | Corrective Action Plan Taken  | Date Corrected | Prevention Strategy  |
|-------------|---|----------------|--|
| 7.1.a.1     | Lapse cannot be corrected. Ecrim for CG#1 done on 3/15/18. Ecrim for CG#2 done on 3/15/18. Fingerprints obtained for HHM#1 on 11/6/18 and results to be kept on file.               | 11/6/18        | Home understands background check and all other requirements such as CPR, TB, bloodborne pathogen and first aid which are needed. An alert will inputed into the iPhone 3 months prior to the requirement's due date to prevent any further lapses. Home understands that any new HHM or caregiver that is added will be required to obtain fingerprints as per protocol and kept on file. |
| 7.1.a.2     | Lapse cannot be corrected. APS/CAN check for CG#1 done on 11/17/17 and APS/CAN check for CG#2 done on 3/19/18. APS/CAN for HHM#1 obtained on 11/6/18 and results to be kept on file | 11/6/18        | Home understands that any new HHM or caregiver that is added will be required to obtain an APS/CANS.   |
| 41.f.1      | TB clearance form as well as chest xray was obtained for HHM#1 on 11/2/18 and kept on file.   | 11/2/18        | Home understands that any new HHM and caregivers are required to obtain a TB clearance.  |

Primary Caregiver's Signature: *Rowena Han*

Print Name: *Rowena Han*

Date of Signature: *11/9/18*