

# Foster Family Home - Corrective Action Report

Provider ID: 1-576209

Home Name: Emily Justo, CNA

Review ID: 1-576209-5

94-456 Loaa Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 11/28/2018

End Date: 12/5/18

## 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 3 person CCFFH recertification review made on 11/28/18. PCG requests to decrease to a 2 client CCFFH. Corrective Action Report issued during home visit with all items due to CTA by 12/28/18.

6.(d)(1) - see applicable sections of the review

## Foster Family Home

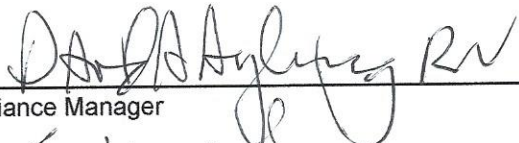
## Background Checks

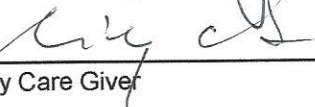
[17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) - Second year fingerprinting not done for CG #4. Due on 9/6/18.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

11/28/18  
Date

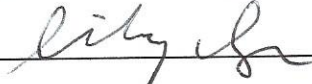
11/24/18  
Date

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

CCFFH Name: Emily Justo

CCFFH Address: 94-456 Loaa St., Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(1)	I received a current fingerprint from CG #4 and placed in my CTA binder.	12/04/18	I made a list of the expiration dates for APS/CAN and fingerprints for all caregivers. I will review monthly.

Primary Caregiver's Signature: 

Print Name: EMILY JUSTO

Date of Signature: 12/05/2018