

Foster Family Home - Corrective Action Report

Provider ID: 1-562555

Home Name: Josephine Bio, CNA

91-1104 Hanakahi Street

Ewa Beach HI 96706

Review ID: 1-562555-6

Reviewer: Carrie Wakai

Begin Date: 11/22/2017

End Date: 01/04/2018

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

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

Comment:

6.d.1-Home visit made for a 3 person CCFFH recertification survey. Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 12/22/2017.

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)- No fingerprinting present on HHM#4.

Carrie Wakai

Compliance Manager

Josephine Bio

Primary Care Giver

11-22-17

Date

11/22/17

Date

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

CCFFH Name: Josephine Bio

CCFFH Address: 91-1104 Hanakahi Street, Ewa Beach, HI 96706

Rule Number	Corrected Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	No fingerprinting of HHM#4	12/06/2017	PCG will tell him (HHM#4) to do APS/CAN and finger printing one month before the expiration date this year. Explain to him the necessity of this requirement in compliance with the rules, guidelines and procedures of a community care foster family home. (CCFFH)

Primary Caregiver's Signature: _____

Josephine Bio

Print Name: JOSEPHINE BIO

Date of Signature: 2/6/2018