

Foster Family Home - Corrective Action Report

Provider ID: 1-180012

Home Name: Nerissa Dela Cruz, CNA

Review ID: 1-180012-1

94-473 Kalukalu Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 4/16/2018

End Date: 4/17/2018

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 new 2 client CCFFH certification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 4/30/18.

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)-E-crim lapsed for CG#2, due on or before 5/28/17 and was done 4/13/18.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41(b)(7)-No CXR present on CG#2 who has a positive TB skin test and current TB screening form.

Carrie Wakai

Compliance Manager

[Signature]

Primary Care Giver

4-16-2018

Date

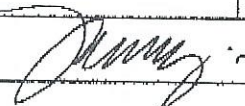
04-16-2018

Date

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

CCFFH Name: NERISSA C. DELA CRUZ
CCFFH Address: 94-473 KALUKALU STREET WAIKAPU HI. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	ECRIM Lapsed for CG#2, Was able to locate/obtain the updated ecrim from the other PCG. Ecrim is up to date.	04-17-2018	I will make a calendar reminder for further references, for me not to be able to commit mistake again and make the job easier. Always secure paperworks before it will lapse or expires.
41(b)(7)	No CXR present on CG#2 who has a positive TB skin test & current TB screening form. - I obtained a copy of CXR from PCG (dated: 1-14-18)	04-17-2018	I added this as a requirement on my admission checklist to ensure this is present at the time of admission, of SCG to home. Create a spread sheet as a reminder of what documents need to update.

Primary Caregiver's Signature: 

Print Name: NERISSA C. DELA CRUZ Date of Signature: 04-17-2018