

Foster Family Home - Corrective Action Report

Provider ID: 1-512451

Home Name: Nikk Rumbaoa, CNA

Review ID: 1-512451-5

91-1511 Maipuhi Street

Reviewer: Angelica Galindo

Ewa Beach HI 96706

Begin Date: 1/4/2019

Foster Family Home Required Certificate [11-800-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 1/04/2019. Corrective Action Report issued during home visit with all items due to CTA by 1/18/2019.

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

Foster Family Home Background Checks [11-800-8]

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

Comment:

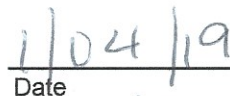
8.(a)(1) - CG#2 & CG#4 ecrim lapsed: both due on/before 10/05/2018, CG#2 done on 11/21/2018, CG#4 done on 11/22/2018.



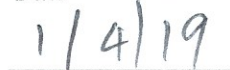
Compliance Manager



Primary Care Giver



Date

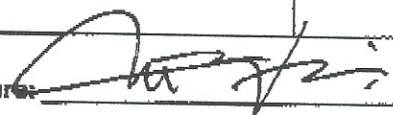


Date

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

CCFFH Name: NIKK T. RUMBADA FCH
 CCFFH Address: 91-1511 MAIPOHI ST EWA BEACH 96706 HI

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)	LAPSE CANNOT BE CORRECTED. CG#2 AND CG#4 ECRIM LAPSED. BOTH DUE 10/05/2018	CG#2 11/21/18 CG#4 11/22/18	PCG UNDERSTANDS THE BACKGROUND CHECK REQUIREMENT. PCG WILL USE CALENDAR ON SMART PHONE TO INPUT ALL DUE DATES SET AN ALARM A MONTH BEFORE TO MAKE SURE DUE DATE LAPSES WILL NOT HAPPEN AGAIN

Primary Caregiver's Signature: 

Print Name: NIKK T. RUMBADA Date of Signature: 1/14/2019