

# Foster Family Home - Corrective Action Report

Provider ID: 1-150004

Home Name: Rosalie De Aquino, LPN

Review ID: 1-150004-4

87-150 Lualei Place

Reviewer: Sue Lo

Waianae HI 96792

Begin Date: 11/16/2017

End Date: 11/17/2017

## 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 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 12/16/2017.

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

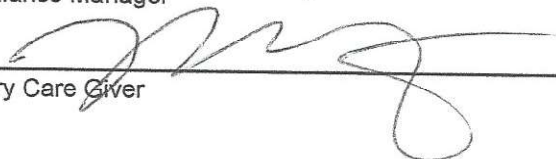
41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

41.(f) HHM#1 lapsed in TB clearance due on/before 2/27/17 was done 4/14/17.

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

11/16/2017  
Date

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

11/16/17  
Date

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

CCFFH Name: Rosalie de Aquino  
CCFFH Address: 87-150 Lualei Place  
Waianae, HI 96792

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(f)	Lapse cannot be corrected	11/16/17	The home created a due date log to renew all requirements one to two weeks before expiration date.

Primary Caregiver's Signature: 

Print Name: Rosalie de Aquino Date of Signature: 11/16/17