Foster Family Home - Corrective Action Report

Provider ID: **1-561531**

Home Name:	**Sunny Lee, CNA**	**Review ID:**	**1-561531-7**
3229-A Francis Street		Reviewer:	David Ayling
Honolulu HI 96815		Begin Date:	1/9/2019

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 1/9/19. Corrective Action Report issued during home visit with all items due to CTA by 2/9/19.

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

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

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - No current APS/CAN for CG #2 and CG #3. Expired on 11/28/18.

Compliance Manager — Date 1/9/19

Primary Care Giver — Date 1/9/19

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

CCFFH Name: SUNNY K. LEE
CCFFH Address: 3229-A FRANCIS ST., HONOLULU, HI 96815

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(4)(2)	I have received current APS/CAN from CG #2 and CG #3 and placed in my CTA Binder	1/11/19	I have placed the expiration dates for APS/CAN for all CG's on my cell phone calendar. I set the reminder for 1 month prior to expiration.

Primary Caregiver's Signature: [signature]

Print Name: SUNNY K. LEE Date of Signature: 1/28/19