

Foster Family Home - Corrective Action Report

Provider ID: 1-100043

Home Name: Concepcion Manog, CNA

Review ID: 1-100043-5

1921 Ulana Place

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 3/7/2019

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

Home inspection for a 2 person CCFFH recertification made on 3/7/19. Corrective Action Report issued during home visit with all items due to CTA by 4/7/19.

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;

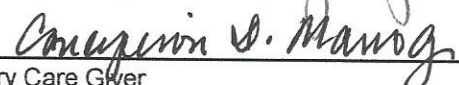
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1),(2) - Second year APS/CAN done on 1/8/19 for CG #2. Expired on 4/14/18. Second year fingerprints not done as of 3/7/19.


Compliance Manager


Date


Primary Care Giver


Date

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

CCFFH Name: Concepcion Manog
 CCFFH Address: 1921 Ulana Place, Honolulu, HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)(2)	I received a current fingerprint from CG #2 and placed in my CCFFH binder. I showed the second year APS/CAN to CTA on the day of my recertification.	03/12/19	I have written a list of the expiration dates for APS/CAN and fingerprints for all CG's and placed it on the front of my CCFFH binder. I will look at it every month.

Primary Caregiver's Signature: Concepcion D. Manog

Print Name: CONCEPCION D. MANOG Date of Signature: 3-13-19