

Foster Family Home - Corrective Action Report

Provider ID: 1-631540

Home Name: Mila Vea, NA

Review ID: 1-631540-5

94-1176 Kahuahale Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 12/21/2018

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 12/21/18. Corrective Action Report issued during home inspection 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;

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

Comment:


7.1.(a)(1) & 7.1.(a)(2)- ecrim lapsed for CG#4: was due on/before 2/05/2018, done 12/19/2018. No proof of recent APS/CAN for CG#4: last done 8/31/2016. No proof of recent APS/CAN for HHM#1: last done 8/31/2016. Ecrim lapsed for HHM#1: was due on/before 5/05/2018, done on 12/19/2018.

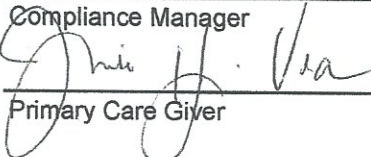
Foster Family Home Personnel and Staffing [11-800-41]

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

Comment:

41.(b)(7) - 2018 Positive TB clearance form done for CG#2, no proof of chest x-ray in home folder.



Compliance Manager


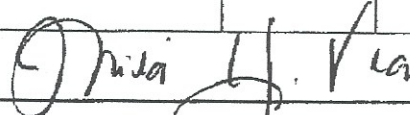
Primary Care Giver

12/21/18
Date
12/21/18
Date

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

CCFFH Name: MILA Y. VEA
 CCFFH Address: 94-1176 Kahuahala H.
Waipahu, Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
71(a)(1) 71(b)(2)	Lapse can not be corrected	12/19/18	PCG will use a check list with all requirement and place on the icebox and check it first week of every month to prevent any lapses.
71(b)(3)	Caregiver 4.11 HANA PS / can obtained on <u>01/13/2019</u> and place in home folder.	01/13/2019	
41(b)(7)	chest Xray caregiver #2 done and place in home binder.	01/12/2019	Caregiver will make sure all positive TB skin test have copy of chest Xray in home folder. I will add to check list.

Primary Caregiver's Signature: 

Print Name: MILA Y. VEA

Date of Signature: 01/13/2019