

Foster Family Home - Corrective Action Report

Provider ID: 1-160068

Home Name: Rubylyn Fiesta, CNA

94-1344 Hiapo Place

Waipahu

HI 96797

Review ID: 1-160068-5

Reviewer: David Ayling

Begin Date: 2/28/2019

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 3 person CCFFH recertification made on 2/28/19. Corrective Action Report issued during home visit with all items due to CTA by 3/28/19.

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

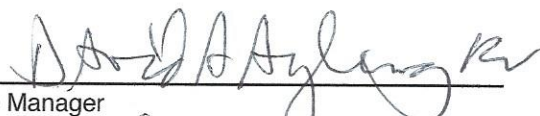
Foster Family Home Background Checks [11-800-8]

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

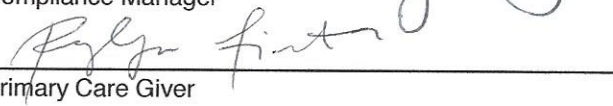
Comment:

8.(a)(1),(2) - APS/CAN and fingerprints not done until 3/5/18 for CG #1. Expired on 8/31/17.



Compliance Manager

2/28/19
Date



Primary Care Giver

2/28/19
Date

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

CCFFH Name: Rubylyn P. Fiesta

CCFFH Address: 94-1344 Hiapo Place, Waipahu Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8. (9) (1) (2)	I showed CTA a current APS/ CAN and fingerprint on the day of my recertification for CG#1.	2/28/19	I made a list of all expiration dates for APS/CAN and fingerprints for CG#1. I placed on the front of my CCFFH binder.

Primary Caregiver's Signature: Rubylyn Fiesta

Print Name: Rubylyn Fiesta

Date of Signature: 2/28/19