

Foster Family Home - Corrective Action Report

Provider ID: 1-150081

Home Name: Marivic Gallardo, CNA

Review ID: 1-150081-5

860 Hoomoana Way

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 3/14/2019

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 3/14/19. Corrective Action Report issued during home inspection with all items due to CTA by 4/14/19.

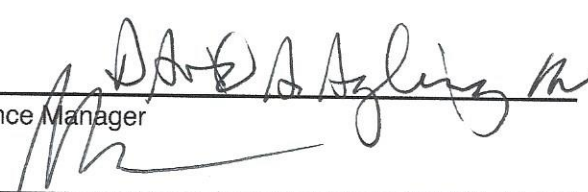
6.(d)(1) - see applicable sections of the review

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 HHM #1. Expired on 2/7/19.


Compliance Manager

Primary Care Giver

3/14/19
Date

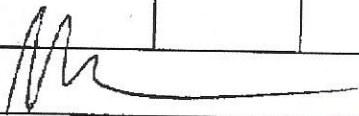
3/14/2019
Date

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

CCFFH Name: Marivic Gallardo

CCFFH Address: 860 Hoomoana Way Pearl City, HI 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(2)	I received a current APS/CAN for HHM#1 and placed it in myCCFFH binder.	3/15/19	I made a list of the expiration date for APS/CAN for all the CG's and HHM's and placed in the front of my CCFFH binder. I will look at it every month.

Primary Caregiver's Signature: 

Print Name: Marivic Gallardo

Date of Signature: 04/02/2019