

Foster Family Home - Corrective Action Report

Provider ID: 1-190022

Home Name: Arceli Acio, CNA

Review ID: 1-190022-1

94-478 Kipou Street

Reviewer: Angel England

Waipahu HI 96797

Begin Date: 4/10/2019

Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.d.1 Home inspection performed for a 2 bed new home application. Corrective Action Report was issued during inspection with a written plan of correction due to CTA by 4/25/19

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

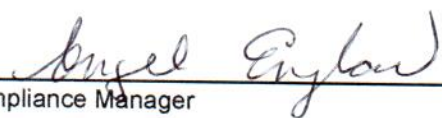
41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).


41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

Comment:

41.b.4 No self disclosure form (psychosocial assessment) present for CG#4.

41.b.6 The home is listed on the tax map key as 5 bedrooms 3 1/2 bathrooms. The home has 8 bedrooms and 4 bathrooms along with an enclosed area that the PCGs mother is currently using as a bedroom. CTA was unable to confirm all the changes were properly permitted using the building permit the PCG had and the tax map key online.


Compliance Manager


Primary Care Giver

4/10/19
Date

4/10/2019
Date

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

CCFFH Name: Arceli Acio, CNA

CCFFH Address: 94-478 Kipou Street, Waipahu, Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.4	Disclosure form was obtained for CG #4. Added into home record	4/10/2019	Home will review requirements making sure all up-to-date requirements of caregivers are in place.
41.b.6	As per submitted and approved plans from the Department of Planning and Permitting, Building Division with tax map key 94054138:0000, the property has 5 bedrooms, entertainment room and a study room. There is also a playroom in the middle of the house that was converted to a storage. This said storage area was temporarily used by my mother as a sleeping quarter. That room was never intended to be a bedroom. but a storage	4/15/2019	Storage will remain as a storage area as it was intended.

Primary Caregiver's Signature: Arceli S. Acio

Print Name: Arceli S. Acio

Date of Signature: 4/15/19

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

CCFFH Name: Arceli Acio, CNA

CCFFH Address: 94-478 Kipou Street, Waipahu, Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
cont. 41.b.6	whose walls does not go all the way to the ceiling. When I was asked how many rooms I have in the property, I mistakenly counted the entertainment room, study room and storage as bedrooms, hence, mentioning 8 bedrooms instead of 5. I also mistakenly mentioned that I have 4 bathrooms when I have only 3 1/2 bathrooms. My mother has vacated the storage as a sleeping quarter. Storage will remain as a storage area as it was intended.	4/15/2019	Storage will remain as a storage area as it was intended.

Primary Caregiver's Signature: Arceli S. Acio

Print Name: Arceli S. Acio

Date of Signature: 4/15/19