

# Foster Family Home - Corrective Action Report

Provider ID: 1-110030

Home Name: Alicia Zafaralla, CNA

Review ID: 1-110030-6

94-1068 Puloku Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 4/29/2019

## 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 4/29/19. PCG requesting to increase to a 3 person bed CCFFH. Corrective Action Report issued during home inspection with all items due to CTA by 5/29/19.

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) & 8.(a)(2)- No record of APS/CAN and first set of fingerprints for HHM#1 in home folder.

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

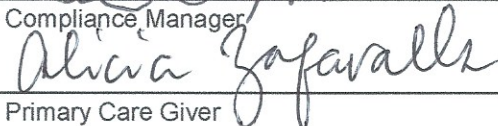
41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

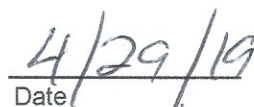
41.(f)(1) - No record of TB clearance for HHM#1 in home folder.



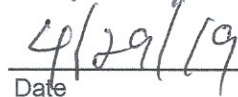
Compliance Manager



Primary Care Giver



Date



Date

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

CCFFH Name: ALICIA ZAFARALLI

CCFFH Address: 9-1067 PULOKU ST, WALPOLEY, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(9)(1)	It's a green light determination for HHM #1. PCG has been found and placed in home binder.	5/21/18	PCG will have a record and check before the expiration date. PCG will use a cellphone calendar to record expiration date 30 days before the expiration date.
8.(9)(2)	APS(CM) has been found for HHM #1. PCG placed in home binder.	5/21/18	PCG will have a record and check before the expiration date. PCG will use a calendar to record expiration date 30 days before expiration date.
9.(A)(1)	TB Clearance Screening form for HHM #1 was obtained and PCG placed in home binder.	5/24/2019	PCG will use a calendar to record and check 30 days before expiration date.

Primary Caregiver's Signature: A. Zafaralli

Print Name: ALICIA ZAFARALLI

Date of Signature: May 23, 2019