

Foster Family Home - Corrective Action Report

Foster Family Home

Quality Assurance

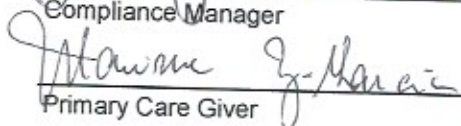
[11-800-50]

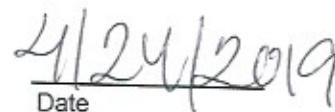
50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.e. No doorbell or intercom at the gate, dogs present in the front yard including a sign "warning for dogs".


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: Marissa Garcia

CCFFH Address: 1058 Uluwale St. Wahiawa HI, 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.4	CG#3 and CG#5 completed disclosure form and placed in home record.	5/13/19	In the future when adding caregivers, they will fill out a closure form before starting to work in a home. Home will ensure to have update I.D for all caregivers and household members updated in home binder. Home will use calendar on phone to input due dates to prevent future lapses.
41.b.5	CG#3 copy of current driver license was made and placed in home record.	5/13/19	
41.c	Home retrieve prove of home in-service for caregiver #3 and caregiver #5.	5/13/19	Home understand the importance of in-services and will make sure that all caregivers have completed all in-services within a month prior the end of the year.

Primary Caregiver's Signature: Marissa Z Garcia

Print Name: MARISSA Z GARCIA

Date of Signature: 6/12/2019

