

# Foster Family Home - Corrective Action Report

Provider ID: 1-180033

Home Name: Renosie Campos, NA

Review ID: 1-180033-2

2157 Aamanu Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 4/12/2019

## 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 4/12/19. Currently has no patients. Corrective Action Report issued during home inspection with all items due to CTA by 5/12/19.

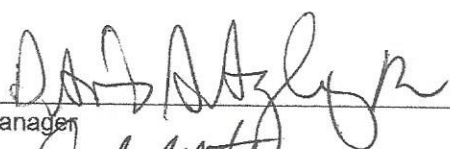
6.(d)(1) - see applicable sections of the review

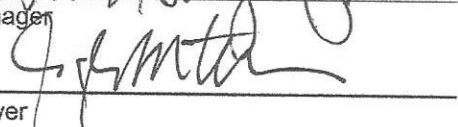
## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - No first year fingerprints for HHM #1 and HHM #2.

  
Compliance Manager

  
Primary Care Giver

4/12/19  
Date

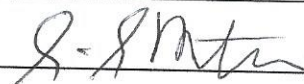
4/12/2019  
Date

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

CCFFH Name: Renosie Campos

CCFFH Address: 2157 Aamanu St., Pearl City, HI 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)	I received current fingerprints for HHM #1 and HHM #2 and placed them in my CCFFH binder.	7/21/19	I placed expiration dates for APS/CAN and fingerprints for all CG's and HHM's on my iPhone calendar. I set a reminder for 3 weeks prior to expiration.

Primary Caregiver's Signature: 

Print Name: RENOSIE CAMPOS

Date of Signature: July 21, 2019