Foster Family Home - Corrective Action Report

Provider ID: **1-558976**

Home Name:	**Vising Santiago, CNA**	**Review ID:**	**1-558976-6**
41-565 Inoaole Street		Reviewer:	David Ayling
Waimanalo HI 96795		Begin Date:	7/30/2019

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 7/30/19. Corrective Action Report issued during home inspection with all items due to CTA by 8/30/19.

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) - eCrim done on 9/22/18 for HHM #2. Expired on 8/4/18.

8.(a)(2) - No current APS/CAN for CG #1. Expired on 7/24/19.
APS/CAN done on 10/3/18 for CG #3, HHM #1 and HHM #2. Expired on 8/6/18.

David A Ayling RN — 7/30/19
Compliance Manager — Date

Vising H. Santiago — 7/30/19
Primary Care Giver — Date

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

CCFFH Name: Vising V. Santiago
CCFFH Address: 41-565 Ingood St. Waimanalo Hi-96795

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(1)	I showed CTA a current e chin for HHM#2 on the day of my recertification	8/01/19	I have placed the expiration dates for APS/SCAN and e chim for all CG's and HHM's on my wall calendar, I will check calendar every month
8(a)(2)	I recieved a current APS/SCAN from CG#1 and placed in my CCFFH Binder. I showed CTA a current APS/SCAN for CG#3. HHM#1 and HHM#2 on the day of my recertification. all the above are in my CCFFH binder		

Primary Caregiver's Signature: Vising V. Santiago

Print Name: VISING V. SANTIAGO Date of Signature: 7/30/19