

Foster Family Home - Corrective Action Report

Provider ID: 1-562919

Home Name: Conchita Batoto, CNA

1050 Wong Lane

Honolulu

HI 96817

Review ID: 1-562919-9

Reviewer: Julie Hastings

Begin Date: 1/9/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

Home inspection completed for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with all items due to CTA within 30 days.

6.(d)(1)

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)
No fingerprint for HHM# 2, 5, 6

8.(a)(1)
Fingerprint lapsed for HHM#3 (last was 12/4/18) was due before 12/4/19

8.(a)(1)
Fingerprint lapsed for HHM#4 (last was 12/14/18) was due before 12/14/19

8.(a)(2)
No APS/CAN for HHM# 2, 5, 6,

8.(a)(2)
APS/CAN lapsed for HHM# 3 Last was 12/4/18 was due before 12/4/19

8.(a)(2)
APS/CAN lapsed for HHM# 4 Last was 12/14/18 was due before 12/14/19

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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 TB on record for HHM# 2, 5, 6,

41.(f)(1)
HHM# 3 TB lapsed. Last was 11/12/18. Was due before 11/12/19

41.(f)(1)
HHM# 4 TB lapsed. Last was 12/13/18. Was due before 12/13/19

Compliance Manager

Julie Hastings RN, BSN 1/9/20

Date

Primary Care Giver

Conchita Bafato

1/9/20

Date

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

CCFFH Name: **Conchita Batoto**

CCFFH Address: **1050 Wong Lane Honolulu 96817**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8a1	HHM #3, #4 and #6 have moved out of the home..	2/15/2020	Calendar reminder with dates will be put on front of chart for 2 months prior to expiration. Fingerprint/APS/CAN /TB will be required for all HHM prior to moving in.
	HHM#2 New Fingerprint in Binder	2/04/2020	
	HHM#5 New Fingerprint in Binder	2/04/2020	
8a2	HHM#3, #4, and #6 have moved out of the home.	2/15/2020	Same as above
	HHM#2 new APS/CAN in Binder	2/04/2020	
	HHM#5 new APS/CAN in Binder	2/04/2020	
41f1	HHM#3, #4, and #6 have moved out	2/15/2020	Same as above
	New TB on file in home for HHM#2	1/13/2020	
	New TB on file in home for HHM#5	1/24/2020	

Primary Caregiver's Signature: Conchita Batoto

Print Name: CONCHITA BATOTO

Date of Signature: 02-19-2020