

Foster Family Home - Corrective Action Report

Provider ID: 1-200003

Home Name: Lory Vel Flordeliza, CNA

Review ID: 1-200003-1

2222 Kula Kolea Drive

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 2/4/2020

Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with all items due to CTA by 3/4/20.

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:

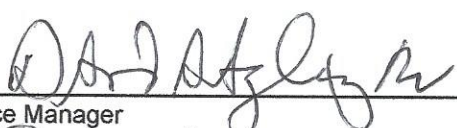
8.(a)(1)(2) - No current APS/CAN and fingerprints for HHM #1 and HHM #2.

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

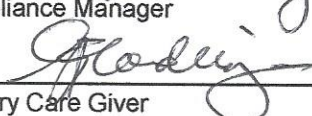
41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - No current TB clearances for HHM #1 and HHM #2.


Compliance Manager


Date


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: Lory Vel Flordeliza

CCFFH Address: 2222 Kula Kolea Drive, Honolulu, HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)(2)	I received the current APS/CAN, fingerprints and TB clearance from HHM #1 and HHM #2. I put the forms in my CCFFH binder.	2/10/20	I will have APS/CAN, fingerprints and TB done before any HHM moves in.

Primary Caregiver's Signature: *Lory Vel Flordeliza*

Print Name: LORYVEL FLORDELIZA Date of Signature: 2/10/20