

# Foster Family Home - Corrective Action Report

Provider ID: 1-513243

Home Name: Clemencia Bermejo, CNA

Review ID: 1-513243-6

94-930 Hiapo Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 5/7/2020

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

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

Comment:

6.(d)(1) - Annual Home inspection for a 3 person CCFFH. Corrective Action Report issued during home inspection with all items due to CTA by 6/7/20. C

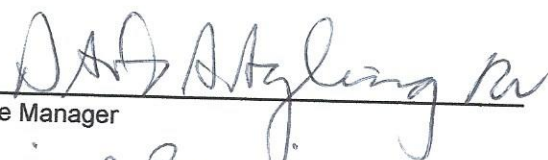
## Foster Family Home Background Checks [11-800-8]

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

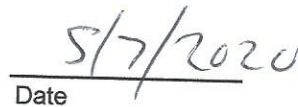
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

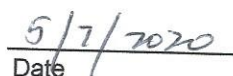
Comment:

8.(a)(1)(2) - 2nd year APS/CAN and fingerprint due on 12/11/2019 for CG #6. Not done a of 5/7/2020.

  
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: CLEMENCIA BERMEJO

CCFFH Address: 94-930 HIAPO STREET, WAIPAHU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)(2)	I recieved current APS/CAN and finger prints from CG#6 and placed them in my CCFFH binder	5/8/2020	I put the expiration date for APS/CAN and finger print for all CG's on my computer calendar for 1 month before experiation.

Primary Caregiver's Signature: Clemencia C. Bermejo

Print Name: CLEMENCIA C. BERMEJO Date of Signature: 5/8/2020