

Foster Family Home - Corrective Action Report

Provider ID: 1-150050

Home Name: Dolores Vicencio, CNA

Review ID: 1-150050-4

98-050 Lokowai Street

Reviewer: Julie Hastings

Aiea HI 96701

Begin Date: 5/6/2020

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 completed for a 3 person CCFFH recertification.

-Corrective Action Report issued during home inspection with all written corrections due to CTA by 5/14/20.

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

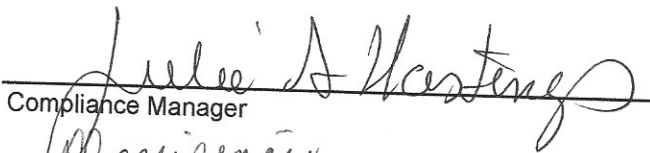
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

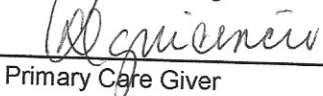
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) HHM#2 Fingerprint lapsed.
HHM#2 did fingerprint on 1/25/18. Was due again on 1/25/19. Completed on 6/5/2019.

8.(a)(2) HHM#2, CG#2 and CG#4 APS/CAN lapsed.
HHM#2 did APS/CAN on 1/25/18. Was due again on 1/25/19. Completed on 6/5/2019. CG#2 did APS/CAN on 3/8/18. Was due on or before 3/8/20. Was completed on 4/1/20. CG#4 did APS/CAN on 2/13/18. Was due on or before 2/13/20. Was completed 2/25/20


Compliance Manager


Primary Care Giver

5/6/2020
Date

5/6/2020
Date

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

CCFFH Name: DOLORES VICENCIO

CCFFH Address: 98-050 LOKOWAI ST. AIEA HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8a1	Lapse cannot be corrected	5/6/20	Calendar reminder placed in binder for 2 months before due dates
8a2	Lapse cannot be corrected		

Primary Caregiver's Signature: *Dolores Vicencio*

Print Name: DOLORES VICENCIO

Date of Signature: 5/6/20