

Foster Family Home - Corrective Action Report

Provider ID: 1-200021

Home Name: Daisylyn Tolentino, NA

Review ID: 1-200021-1

1503 Piikea Street

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 8/3/2020

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 written plan of correction due to CTA by 9/3/20.

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) - All HHM's need 1st year APS/CAN and fingerprints.

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) - All HHM's need a current TB clearance.

David Ayling
Compliance Manager

Daisylyn Tolentino
Primary Care Giver

8/3/2020
Date

08/03/2020
Date

CTA RN Compliance Manager: David Ayling

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Daisylyn Tolentino

CCFFH Address: 1503 Piikea St hon, HI 96818
(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
8(a)(1)(2) 4(a)(1)	I recieved current ABS/CTA Finger print + TB clearance from all HHU's by placed the papers in CCFFH Binder	08/08/20	I will use my phone calendar to remind me when certificate on paper will expire.

All items that were fixed are attached to this CAP

PCG's Signature: D Tolentino

Date: 08/04/2020

CTA has reviewed all corrected items