

Foster Family Home - Corrective Action Report

Provider ID: 1-180044

Home Name: Jaizl Pinera, CNA

Review ID: 1-180044-3

4043 Keaka Drive

Reviewer: Pamela Perry

Honolulu

HI 96818

Begin Date: 6/2/2020

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 visit for 2bed CCFFH recertification made on 6/2/20; Home requesting increase to 3 bed. Corrective Action Report issued during inspection with all items due back to CTA by 7/2/20. Home will receive a 3 bed certification.

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 Fingerprints or eCrim ever obtained for HHM's #5;#6;#7;#8;#9

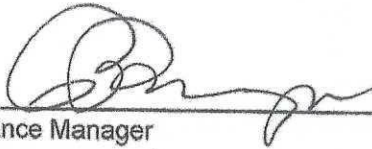
8.(a)(2)- No APS/CAN checks ever obtained for HHM's #5;#6;#7;#8;#9


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

41.(i) The primary caregiver shall notify the department of any dependent household members or changes in household composition.

Comment:

41.(i)- Department not notified of added HHM's #5;#6;#7;#8;#9


Compliance Manager


Primary Care Giver

6/2/20
Date

06/02/2020
Date

CTA RN Compliance Manager: Pamela Perry, RN

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

PCG's Name on CCFFH Certificate: Jaizi Pinera

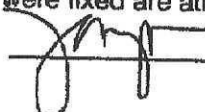
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CCFFH Address: 4043 Keaka Drive Honolulu, Hawaii 96818


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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.a1 8.a24.1.1.	HHM # 5,6,7,8 & 9 obtained their E-CRIM Fingerprints/APS/CAN * Home to notify of any added HHM to the department	06/10/20 20 07/23/20 20. 07/23/20 20	* Home will make sure all requirements for HHM are up to date and kept in binder. ** Home will make sure to report any additional/ removal of HHM to the Department(CTA). Home will make sure to have a checklist for all the requirements 30 days prior to expiring to prevent lapses.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 07/26/2020

CTA has reviewed all corrected items  Pamela Perry RN CTA