

Foster Family Home - Corrective Action Report

Provider ID: 1-170074

Home Name: Dyan Peroche Clariz, CNA

Review ID: 1-170074-5

91-1152 B Kaunolu Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 9/16/2020

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 made for a 2 bed CCFFH recertification. corrective action plan due to CTA within 30 days

Foster Family Home Physical Environment [11-800-49]

49.(d)(2) A new home assessment is required when changes occur to the structure or address of the home.

Comment:

49.(d)(2) Home is a single family home which as been divided into 2, but is not legally 2 separate units. Both units are CCFFH "A" is 3 bed and "B" is 2 bed. There cannot be 2 CCFFH on 1 property


Compliance Manager

9/16/2020
Date


Primary Care Giver

9/16/2020
Date

CTA RN Compliance Manager: Jackie Chamberlain

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

PCG's Name on CCFFH Certificate: Dyan Clariz
(PLEASE PRINT)

CCFFH Address: 91-1152B Kaunolu Street Ewa Beach, HI 96706
(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?
49.(d) (2)	PCG found a place to relocate with family and two clients which need an Immediate action for Home Inspection. See consent letter from the home owner.	09-20-20 09-22-20	Make sure the Home met the criteria to operate Foster Home New home inspected and approved for move in on 10-3-20

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 9-21-2020

CTA has reviewed all corrected items