

# Foster Family Home - Corrective Action Report

Provider ID: 1-000006

Home Name: Erick Crisostomo, CNA

Review ID: 1-000006-8

94-1129 Hina Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/1/2020

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

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

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 10/1/2020.

6.(d)(1)- see applicable sections of the review

## 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)- CG#2's APS/CAN/Fingerprint lapsed on 6/10/2020 and renewed on 7/16/2020. CG#3's APS/CAN/Fingerprint lapsed on 6/10/2020 and renewed on 7/6/2020. CG#4's APS/CAN lapsed on 6/18/19 and renewed on 7/17/19. HHM#4 and HHM#5 without a current APS/CAN/Fingerprint results in home binder.

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


41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

Comment:

41.(b)(6)- A door and a window in the home was boarded up/cemented that leads to another part of the home. CG#1 was unable to provide/show CTA Compliance Manager the proper permit.



Compliance Manager



Primary Care Giver

9/1/2020

Date

9/1/2020

Date

CTA RN Compliance Manager: Maribel Nakamine

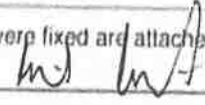
Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Erick Crisostomo  
(PLEASE PRINT)

CCFFH Address: 94-1129 Hina St. Waipahu HI 96797  
(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)	Lapse cannot be corrected. HHM#4 and HHM#5 both obtained a current APS/CAN/Fingerprint. Results were filed in home binder.	9/1/20	Home will use an iphone calendar to schedule due dates alerts 2-3 months in advance to prevent future lapses.
41.(b) (6)	CG#1 updated the Primary Caregiver Disclosure Form to add HHM#4 and HHM#5. Necessary requirements such as TB, clearances, confidentiality training, etc. we're done and obtained.  Removed plywood on the window and door.	9/30/20	In the future, home will update the PCG disclosure form when and if there's any changes to the household componet.  In the future all Caregivers and HHM will clear the pathway to keep the emergency exit to access any necessity.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 10/1/20

CTA has reviewed all corrected items