

Foster Family Home - Corrective Action Report

Provider ID: 1-200062

Home Name: Janice Cadiente, RN

Review ID: 1-200062-1

1031 Gulick Avenue

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 12/22/2020

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 1/22/21.

Foster Family Home

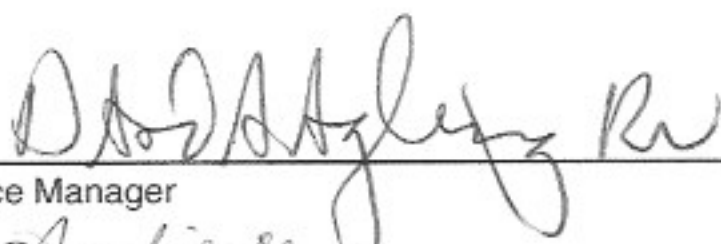
Personnel and Staffing

[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;

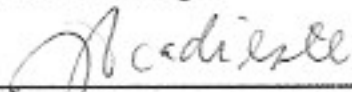
Comment:

41.(b)(6) - Check with DPP to see if wheelchair ramp meets ADA regulations.



Compliance Manager

12/22/2020
Date



Primary Care Giver

12/22/2020
Date

CTA RN Compliance Manager: David Ayling, RN

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

PCG's Name on CCFFH Certificate: Janice Cadiente

(PLEASE PRINT)

CCFFH Address: 1031 Gulick Ave Honolulu Hawaii 96819

(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?
41.(b) (6)	I have rebuilt the wheelchair ramp to ADA code I have submitted the application for building permit for the ramp	1/7/2021	I will follow all ADA building codes.

All items that were fixed are attached to this CAP

PCG's Signature: _____

Janice Cadiente

Date: 01/07/2021

CTA has reviewed all corrected items