

Foster Family Home - Corrective Action Report

Provider ID: 1-180066

Home Name: Josefina Clare Briones, CNA

Review ID: 1-180066-4

94-249 Paiwa Street

Reviewer: Pamela Perry

Waipahu

HI 96797

Begin Date: 7/30/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1)- Unannounced visit for a 2 bed CCFFH recertification inspection. Corrective Action Plan issued during visit with all items due back to CTA by 8/30/29.

Foster Family Home

Background Checks

[11-800-8]

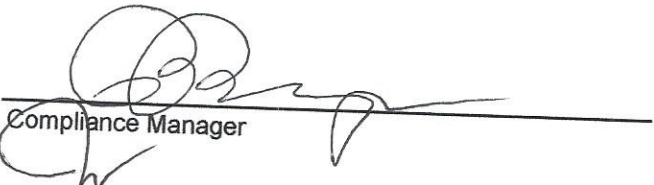
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;


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)- HHM #3 with no current eCrim.

8.(a)(2)- HHM #3 with no current APS/CAN checks.


Compliance Manager


Primary Care Giver

7/30/20
Date

7/30/20
Date

CTA RN Compliance Manager: Mr. Pamela Perry, RN

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

PCG's Name on CCFFH Certificate: Josefina Clark Briones
(PLEASE PRINT)

CCFFH Address: 94-24 a Paima street, 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) 8.(a)(2)	I received a current APS, C.A.N. and Fingerprint for HHM#3 and placed it in my binder.	Aug 19, 2020	Home will print a chart that shows dates of all requirements for PCG, SC and HHM and post it on wall to be easily seen and reminded of due dates.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 8/20/2020

CTA has reviewed all corrected items