

Foster Family Home - Corrective Action Report

Provider ID: 1-110052

Home Name: Josefina Daga, CNA

1919 Beckley Street

Honolulu HI 96819

Review ID: 1-110052-8

Reviewer: Julie Hastings

Begin Date: 5/18/2020

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

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

Comment:

(d)(1)-Annual inspection conducted for this 3 bed home.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 6/2/2020.

Foster Family Home Background Checks [11-800-8]

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

(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

(a)(1)
CG#1, CG#3, CG#4, CG#5 e-Crim expired. CG#1, #4 and #5 Was done 4/8/2017. Was due on or before 4/8/2019. CG#3 was done 2/2/2018. Was due on or before 2/2/20. No current e-Crim for all.

(a)(2)
CG#1 APS/CAN expired. Was done on 4/12/17. Was due on or before 4/12/19. And again on 4/12/21. No Current APS/CAN.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: Josefina Daza
 CCFFH Address: 1919 Beckley St., Honolulu, HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8a1	lapse cannot be corrected 2 crimes for CG #1, #3, #4 & #5 now current & in binder.	5/19/20 & 5/20/20	Calendar reminder for 2 months before all expirations placed on front of binder.
8a2	lapse cannot be corrected new ARS/CAN for CG #1 now in binder	5/20/20 & 6/8/20	

Primary Caregiver's Signature: [Signature]

Print Name: JOSEFINA DAZA

Date of Signature: 5/20/2020 & 6/8/20