

Foster Family Home - Corrective Action Report

Provider ID: 1-581779

Home Name: Karen Asuncion, CNA

Review ID: 1-581779-8

1815 Akina Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 3/23/2021

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

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

Comment:

6.(d)(1) - Annual unannounced inspection for a 3 person CCFFH. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 4/23/21.

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) - No 2nd year APS/CAN and fingerprints for CG #5. Expired on 5/15/2020.

Compliance Manager

Primary Care Giver

Date

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: KAREN ASUNCION

CCFFH Address: 1815 AKINA STREET, 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?
8(a)(1)(2)	I received a current APS/CAN/FINGERPRINT for CG #5 and placed results in my CCFFH binder.	4/8/21	I will put expiration dates for APS/CAN/Fingerprint & ecrim for all CG's including myself on a calendar and set a reminder/alerts at least 1 month prior to expiration.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 4/12/2021

CTA has reviewed all corrected items