

Foster Family Home - Deficiency Report

Provider ID: 1-569676

Home Name: Jedeliah Felix, CNA

Review ID: 1-569676-10

2730 Kalihi Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 12/2/2021

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 1/2/22.

Foster Family Home


Background Checks

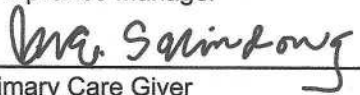
[11-800-8]

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

Comment:

8.(a)(1) - eCrim expired on 4/23/2020 for CG #1, CG #2, CG #3, and HHM #3. Renewed on 5/13/2020.


Compliance Manager


Primary Care Giver

12/1/2021
Date

12/1/2021
Date

CTA and 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: Jacobiiah Felix Foster Home

CCFFH Address: 2730 Kalihii St. Honolulu, HI 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?
8.02(1)	I showed CTA current C-Crim for CG#1, CG#2, CG#3 and HHM#3 on the day of my recertification	12-01-21	1. I should ^{put} the expiration dates for E-crim for all CG's + HHM'S on my calendar. I will check calendar every month.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature] (PCG)

Date: 12-01-21

CTA has reviewed all corrected items