

Foster Family Home - Corrective Action Report

Provider ID: 1-510728

Home Name: Esmeralda Laxamana, CNA

Review ID: 1-510728-3

94-472 Kuahui Street

Reviewer: [REDACTED]

Waipahu HI 96797

Begin Date: 7/13/2015

End Date: 8/10/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit for a 2 person recertification review made on 7/13/15.
Corrective Action Report issued during home visit with all items due to CTA by 8/13/15.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [17-1454-7.1]

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

Comment:

7.1.(a)(1) - No current ECrim for CG #1, CG #2, CG #3, CG #4, and HHM #1.

[REDACTED]
Compliance Manager

Esmeralda A. Laxamana
Primary Care Giver

7/13/15
Date

7/13/15
Date

1. Sent CTA exams for all CG & HHM # 1 on Aug. 10, 2015
2. I will keep all records in my binder for 1 year prior to my last recertification date.

Orlinda A. Laxamana
ORLINDA A. LAXAMANNA
PCG

Aug 10, 2015