

Foster Family Home - Corrective Action Report

Provider ID: 1-509630

Home Name: Greta Gamalog, CNA

Review ID: 1-509630-4

91-107 Haiea Place

Reviewer: [REDACTED]

Ewa Beach HI 96706

Begin Date: 7/30/2015

End Date: 8/18/15

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 3 person recertification review made on 7/30/15. Corrective Action Report issued during home visit with all items due to CTA by 8/30/15.

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;

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

Comment:

7.1.(a)(1),(2) - No current APS/CAN and Fingerprints for HHM #2.

[REDACTED]
Compliance Manager

Greta Gamalog
Primary Care Giver

8/30/15
Date

7/30/15
Date

1-509630

8/18/15

7.1.(9)(1)(2) Sent CTA APS/CAN + fingerprints
for HHM #2 on 8/18/15.

I have placed renewal dates
for APS/CAN fingerprints on my
phone calendar.

Thank You
Greta Gamaloz
Aug. 18, 2015