

# Foster Family Home - Corrective Action Report

Provider ID: 1-510132

Home Name: Marcelina Ladines, CNA

91-1025 North Road

Ewa Beach

HI 96706

Review ID: 1-510132-3

Reviewer: [REDACTED]

Begin Date: 9/8/2015

End Date:

9/10/2015

## 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 9/8/15. Corrective Action Report issued during home visit with all items due to CTA by 10/8/15.

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

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

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)(2) - No second year (2014) APS/CAN done for all CG's and HHM's.

## Foster Family Home Records [17-1454-52]

52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5) - No prn medications on MAR for 9/15.

*Marcelina Ladines*

Primary Care Giver

[REDACTED]  
Compliance Manager

9-8-15

Date

9/8/15

DATE

9/8/2015 19:01 PM

9/10/15

To whom it may concern,

7.1.(a)(2) Showed CTA a proof of second APS/CAN

done on 4/15/15

I have reviewed the rules for obtaining APS/CAN and made a list of all items requiring renewal with these expiration dates and placed in the front of my CTA binder.

52.(c)(2) Send CTA the 9/15 Mar on 9/12/15 with all PRN medications listed on the Mar. I have reviewed medication procedures with my CMA.

Thank You

Marcelina Labinos

9/10/15