

Foster Family Home - Corrective Action Report

Provider ID: 1-625056

Home Name: Perlita Tabil, RN

1304 Anapa Street

Honolulu HI 96818

Review ID: 1-625056-2

Reviewer: [REDACTED]

Begin Date: 7/15/2015

End Date: 7/29/15

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 7/15/15.
Corrective Action Report issued during home visit with all items due to CTA by 8/15/15.

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) - No current fingerprints for HHM #1.

7.1.(a)(2) - No second year (2014)APS/CAN for CG #1, CG #2, and CG #4. No second year (2015) APS/CAN for HHM #2.

[REDACTED]
Compliance Manager

Perlita Tabil
Primary Care Giver

7/15/15
Date

7/15/15
Date

1-625056

7.1.(9)(2) - Showed CTA second year APS/CAN for CG#1, CG#2, and CG#4, HHM#2 done in 2015, on day of recertification visit (7/15/15).

I will put g, items with expirations dates (CPR, TB, BBP, APS/CAN) on my computer calendar. I will also review rules for how often e. should get APS/CAN and eCrim

Perkins TAD

7/29/15