

Foster Family Home - Corrective Action Report

Provider ID: 1-597833

Home Name: Chona Molina, CNA

Review ID: 1-597833-3

94-1038 Lumikula Street

Reviewer:

Waipahu HI 96797

Begin Date: 5/11/2015

End Date: 5/21/15

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 5/11/15.
Corrective Action Report issued during home visit with all items due to CTA by 6/11/15.

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;

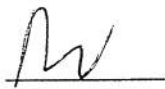
7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1) - No current Criminal History with fingerprints for HHM #1.

7.1.(a)(2) - No 2nd year APS/CAN for CG #1, CG #2, and HHM #1.

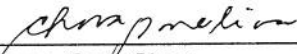
Compliance Manager



Date

5/11/15

Primary Care Giver



Date

5/11/15

Comment:

- 7.1.(a)(1) - No current Criminal History with fingerprints for HHM #1.
- 7.1.(a)(2) - No 2nd year APS/CAN for CG #1, CG #2, and HHM #1.

7.1(a)(1) Send CTA Fingerprints for HHM #1 (Receipt) on 5/11/15, will fax when result is available

7.1(a)(2) Send CTA APS/CAN for CG #1, CG #2 + HHM #1 on 5/22/15

To avoid this corrective action report, I will place all items & expiration dates on the calendar or will make a schedule date calendar in my folder.

Ex. Name CG #1 → APS, CAN, E.Crim, CPR, → due date of year/2 years
 CG #2 → APS, CAN, E. crim, CPR, TB TEST → due date
 HHM #1 → APS, CAN, E.Crim, TB check-list → due date

THANK YOU,
 CHONA P. MOLINA
 Compliance, PCG
 5/21/15

 Compliance Manager

 Primary Care Giver

RN

 Date
 5/11/15

 Date
 5/11/15