

Foster Family Home - Corrective Action Report

Provider ID: 1-573700

Home Name: Elvira Fernandez, RN

Review ID: 1-573700-3

2385 Haumana Place

Reviewer:

Honolulu HI 96819

Begin Date: 10/20/2015

End Date: 10/26/2015

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Home visit made on 10/20/2015 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 11/20/2015.

6 (d)(1) see applicable sections of this 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) CG#1, CG#2, and CG#3 eCrime expired 5/14/2015 and renewed on 8/20/2015 with about 3 months lapse.

Primary Care Giver

Date

Date

Written plan of Correction

October 21, 2015

7.1.(a)(1) The Home now has a tracking log when personnel requirements are due to prevent any requirement from expiring in the future; so that CG #1, CG #2, and CA #3 will not have lapse in eCrim.

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2385 HAUMANA PLACE
HAN. HI. 96819

October 21, 2015