

Foster Family Home - Corrective Action Report

Provider ID: 1-512394

Home Name: Gloria Cabanero, CNA

Review ID: 1-512394-3

94-513 Alapine Street

Reviewer:

Waipahu HI 96797

Begin Date: 7/15/2015

End Date: 10/12/15

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 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

CAP completed 10/12/15. Removed CG #3 on 10/12/15.

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

7.1.(e) The results of a background check made pursuant to section (a) above shall be exempt from consideration by the department if an exemption has been granted by the department of human services. Requests for exemptions must be:

Comment:

7.1.(a)(2) - No current APS/CAN for CG #1, CG #2, and CG #3.

7.1.(e) - CG #3 needs an exemption letter for positive results on eCrim.

Compliance Manager

Primary Care Giver

Date

Date

7/15/15

7/15/15



10/12/15

- 7.1(a)(2) - Sent CTA current APS/CAOV
FOR SCG #1, SCG 2 and SCG #3
on 7/21/15
- 7.1(e) - Removed CG #3 as a SCG from
CC FPH on 10/12/15. Sent form
to CTA on 10/12/15.

I have listed all APS/CAOV
expiration dates on my calendar
for all CGs + HHMS.
I will ~~review~~^{review} every month.

Gloria Cabasen = 10/12/15