

Foster Family Home - Corrective Action Report

Provider ID: 1-628117

Home Name: Laura Dela Cruz, RN

94-1078 Haalau Street

Waipahu HI 96797

Review ID: 1-628117-3

Reviewer:

Begin Date: 8/18/2015

End Date: 8/18/15

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 8/18/15.
Corrective Action Report issued during home visit with a written plan of correction due to CTA by 9/18/15.

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)CG#1, and CG#2 APS/ CAN completed on 03/17/14. Due on or before 2/26/13 to be in compliance.

Compliance Manager

Primary Care Giver

Date

Date

8/18/15

CG # 1

2

Citation # 7.1. A2 .

Corrective action plan - Now its current but late .

- Put in the calendar / computer

- Check all papers works frequently + check expiration dates .

Edilary 8/18/15