

Foster Family Home - Corrective Action Report

Provider ID: 1-140028

Home Name: Maricor Malvar, CNA

Review ID: 1-140028-2

94-688 Kamalo Street

Reviewer:

Waipahu HI 96797

Begin Date: 3/19/2015

End Date: 3/23/15

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 3/19/15.
Corrective Action Report issued during home visit with all items due to CTA by 4/19/15.

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;

Comment:

7.1.(a)(1) - no current eCrim for CG #1. Expired on 3/7/2015.

Compliance Manager

Primary Care Giver

Date

Date

7.1.(a)(1) - no current eCrim for CG #1. Expired on 3/7/2015.

DATE: MARCH 23, 2015

DEFICIENCY: 7.1.(a)(1)

HOW DID YOU CORRECT THIS DEFICIENCY? SENT CTA PROOF OF ECrim ON 3/23/15

HOW WILL YOU AVOID COMMITTING THIS DEFICIENCY IN THE FUTURE?

I WILL PUT ALL ITEMS WITH EXPIRATION DATES ON MY CALENDAR.

Atkinson, CWA
3/23/15