

Foster Family Home - Corrective Action Report

Provider ID: 1-513384

Home Name: Mary Ann Cacpal, CNA

Review ID: 1-513384-3

1927 Kuapapa Place

Reviewer:

Honolulu HI 96819

Begin Date: 8/7/2015

End Date: 8/7/15

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 8/7/15. Corrective Action Report issued during home visit with all items due to CTA by 9/7/15.

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) - Second year (2014) APS/CAN not done until 2015 for CG #1, CG #2, CG #3, HHM #1, and HHM #2.



Compliance Manager

Mary Ann Cacpal

Primary Care Giver

8/7/15

Date

8/7/15

Date

8/7/15

7.1. (a)(2) -

Showed proof of second APS/CAN
for all CG's & HH's to
CJA on 8/7/15.

- I will place a list of
Expiration dates in the
front in my finder.

Maya + C
8/7/15