

Foster Family Home - Corrective Action Report

Provider ID: 1-090070

Name: Gina Mauricio, CNA

Review ID: 1-090070-4

52 Luehu St.

Reviewer:

City HI 96782

Begin Date: 1/4/2016

End Date: 1/19/2016

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

d)(1) Home visit made on 1/4/2016 for a 2-bed change to 3-bed recertification. Corrective action report issued during the visit with corrective action plan due to CTA on 1/18/2016.

d)(1) see applicable sections of this review.

Foster Family Home Background Checks

[17-1454-7.1]

1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

1.(a)(1) CG [redacted] One set of fingerprinting done on 8/6/2013 and second set of fingerprinting not present. CG [redacted] eCrime expired on 11/7/2013 but renewed on 11/29/2015 with 22 days lapse.

Foster Family Home Personnel and Staffing

[17-1454-41]

1.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

1.(b)(7) CG [redacted] TST or PPD TB clearance was one on 9/15/2014 and no current TST or PPD present.

[redacted]
Compliance Manager

[redacted]
Primary Care Giver

1/4/2016
Date

1/4/16
Date

WRITTEN PLAN OF CORRECTION

1/15/16

7.1(a)(1) CG [redacted] now has the 2nd set of Finger Print

① Done on 1/10/2016. This will not happen again - because I will keep reminder on my phone and POST-IT on my refrigerator too.

Finger print result attached hereto.

② CG [redacted] eCrim will not lapse again in the future.

4.1(b)(7) CG [redacted] has done with PPD 1/4/2016. Result attached.

PPD will be updated and will be done before due date in the future. I will keep reminder on my cell phone and POST IT on my refrigerator as reminder.

1/15/16

[redacted]
GINA A. [redacted]
1052 LUETHA ST.
PEARL CITY, HAWAII 96782