

# Foster Family Home - Corrective Action Report

**Provider ID:** 1-130009  
**Home Name:** Rosario Marquez, CNA      **Review ID:** 1-130009-4  
 1945-E Dillingham Boulevard      **Reviewer:**  
 Honolulu HI 96819      **Begin Date:** 3/31/2015      **End Date:** 4/30/2015

**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 3 person recertification review made on 3/31/15.  
 Corrective Action Report (CAP) issued during home visit with all items due to CTA by 4/30/15.

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:  
 17-1454-41.7.1a.1 The home reviewed that CG [redacted] APS/CAN was three months overdue; the APS/CAN last done on 11/18/2014.

**Foster Family Home      Personnel and Staffing      [17-1454-41]**

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

Comment:  
 17-1454-41.b.7 The home received no current 2014 TB clearance for CG [redacted] and CG [redacted]

*see attached paper.*

\_\_\_\_\_  
 Compliance Manager  
 [redacted]

\_\_\_\_\_  
 Primary Care Giver  
 [redacted]

*4/30/2015*  
 Date

*4/30/15*  
 Date

Plan of Correction:

Review Date: 3/31/2015

17-1454-41 7.1a.1

[Redacted] My home will utilize a computer program to track when the personnel requirements are due to prevent any requirement from expiring in the future.

17-1454-41 b.7

[Redacted] My home will utilize a computer program to track when the personnel requirements are due to prevent any requirement from expiring in the future.

[Redacted] My home will ensure that all personnel must have their TD clearance upon employment and will be keep in the home personnel record.

[Redacted]  
Rosarie Mae Marquez  
1945 E Dillingham Blvd  
Honolulu, HI 96819

4/30/15