

# Foster Family Home - Corrective Action Report

Provider ID: 1-511510

Home Name: Adelaide Pascual, CNA

99-445 Hakina Street

Aiea

HI 96701

Review ID: 1-511510-4

Reviewer:

Begin Date: 5/2/2016

End Date: 6/6/2016

## Foster Family Home

### Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Home visit [REDACTED] for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on [REDACTED]

6 (d)(1) see applicable sections of this 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;

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)(1) HHM [REDACTED] Completed the first set of fingerprinting [REDACTED] but second consecutive set not present in the home.

7.1.(a)(2) HHM [REDACTED] Completed the first year APS/CAN, but second consecutive APS/CAN not present in the home.

[REDACTED]

Written Plan of Correction

7.1 (a) (1) HHM [REDACTED]

Completed the first set of fingerprinting [REDACTED]

7.1 (a) (2) HHM [REDACTED]

Completed the 2nd set of  
APS/CAN/FINGERPRINTING [REDACTED]  
[REDACTED]

The above document attached.

Home has a calendar to remind the home for all the documents for renewal so this will not happen again in the future.

[REDACTED]