

Foster Family Home - Corrective Action Report

Provider ID: 1-100066

Home Name: Charity Sabangan, CNA

Review ID: 1-100066-3

94-1124 Kahuanui Street

Reviewer:

Waipahu HI 96797

Begin Date: 5/10/2016

End Date: 6/7/16

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 [REDACTED] Corrective Action Report issued during home visit with all items due to CTA [REDACTED]

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 [REDACTED] and CG [REDACTED]



The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies therein. To remain in compliance with all State regulations, the CCFFH has taken or will take the actions set forth in the following plan of correction. The plan of correction constitutes the CCFFHs allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.

[17-1454-7.1] Background Checks

7.1.(a)(1) be subject to criminal history record checks

CG [REDACTED] and CG [REDACTED] did not have a current eCrim [REDACTED]. I have attached a copy of the current eCrim for both CH [REDACTED] and CG [REDACTED]. I will continue to check my records on a monthly basis and will remind all CG's ahead of time for all items before they expire.

I hope I have corrected everything to the best of my abilities. Feel free to notify me if there is anything missing. Thank you for keeping me on track and aware of new changes made that will help me give great care to my clients.

