

# Foster Family Home - Corrective Action Report

Provider ID: 1-618829

Home Name: Corazon Benigno, NA

Review ID: 1-618829-5

94-174 B Awanui Street

Reviewer:

Waipahu HI 96797

Begin Date: 7/19/2016

End Date: 8/5/16

## 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 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA [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;

Comment:

7.1.(a)(1) CG#1 and CG#3 eCrim last done [REDACTED] and expired [REDACTED] but renewed [REDACTED] with about 3 weeks lapse.

## 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:

41.(b)(7) CG#5 last TB clearance [REDACTED] expired [REDACTED] but renewed [REDACTED] with about 6 weeks lapse.

\_\_\_\_\_  
Compliance Manager

*U. Benigno*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

*7/19/16*  
\_\_\_\_\_  
Date

- 7/20/16 Written Plan of Correction

7- 1(a)(1) CG#1 & #3 will not lapse on e-crim. The home will use a tracking log for all requirements before due date. So this won't happen again in the future.

41. B(7) CG#5 will not lapse in TB-clearance. The home will use tracking log for all requirements before the due date. So this won't happen again in the future.

7/20/16 *Chynne*  
Corazon Benigno

94-174B Awanui St.  
Waipahu, HI 96797