

Foster Family Home - Corrective Action Report

Provider ID: 1-110071

Home Name: Cynthia Gima, CNA

1320 Anapa Street

Honolulu

HI 96818

Review ID: 1-110071-5

Reviewer:

Begin Date: 7/20/2016

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 3-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, CG#2, CG#4, HHM#1, HHM#2 eCrim [redacted] expired [redacted] with no current eCrim present in the home.

Compliance Manager

Primary Care Giver

Date

Date

7/20/16

Written Plan of Correction

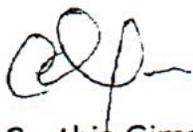
July 20, 2016

7.1.(a)(1) CG#1, CG#2, CG#4, HHM#1 and HHM#2 now have document E-Crim

[REDACTED] [REDACTED]

The home will follow the rules for requirement by calling CTA when uncertain and keeping a tracking log for requirement before due dates on my phone.

July 20, 2016



Cynthia Gima
1320 Anapa Street
Honolulu, Hawaii 96818