

Foster Family Home - Corrective Action Report

Provider ID: 1-594673

Home Name: Divina Mapanao, CNA

Review ID: 1-594673-4

1-1643 Auwaha Street

Reviewer:

Waikaloa Beach

HI 96706

Begin Date: 1/13/2016

End Date: 3/17/16

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

CAP completed [REDACTED]

Foster Family Home Background Checks

[17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

7.1.(e) The results of a background check made pursuant to section (a) above shall be exempt from consideration by the department if an exemption has been granted by the department of human services. Requests for exemptions must be:

Comment:

7.1.(a)(2) - Second year APS/CAN not done [REDACTED] for CG [REDACTED], CG [REDACTED] and CG [REDACTED] (first year APS/CAN done [REDACTED])

7.1.(e) - No exemption letter for red light received by CG [REDACTED]

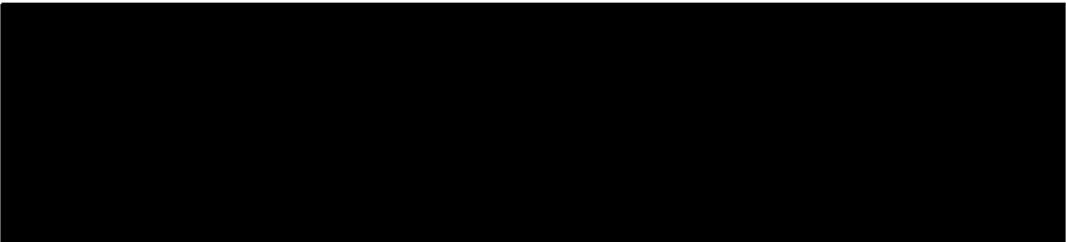
Foster Family Home Personnel and Staffing

[17-1454-41]

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

Comment:

41.(b)(7) - No current TB clearance for CG [REDACTED]



7.1.(a)(2) - Should CTA second year APS/Can for
CG [redacted] CC [redacted], and CG [redacted] on day of
visit [redacted]
I now understand the 2 year is a new rule.

7.1.(e) - Sent CTA an exemption letter from
fieldprint [redacted] for CG [redacted].

4.1.(b)(7) - Sent CTA TB clearance for CG [redacted]
[redacted]

I have written a list of all items with
expiration dates and places on my computer
calendar. I will review my calendar monthly.

