

# Foster Family Home - Corrective Action Report

Provider ID: 1-160005

Home Name: Eden Jamandre Orpilla

Review ID: 1-160005-1

2025 Uhu St

Reviewer:

Honolulu HI 96819

Begin Date: 3/10/2016

End Date: 4/22/16

## Foster Family Home

### Required Certificate

[17-1454-6]

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

Comment:

Home visit [REDACTED] for initial review of new 2 bed home. A corrective action report was given at time of review with all items due [REDACTED]

6.(d)(1) Refer to appropriate sections of this review.

## 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

Comment:

7.1.(a)(2) Caregiver [REDACTED] missing APS/CAN and Fingerprint.

[REDACTED]

The Statement 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 CCFH has taken or will take the actions set forth in the following plan correction. The plan of correction constitutes the CCFHs allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.

7.1.(a)(2) A copy of caregiver [REDACTED] APS/CAN and fingerprint was sent via email to COMTIES. To keep in compliance and prevent this from happening, I will check my records every month to make sure all caregivers records are updated and complies with regulations. I will also mark my calendar to remind me to check records monthly.

[REDACTED]