

Foster Family Home - Corrective Action Report

Provider ID: 1-090085

Home Name: Mercy Esteban, CNA

Review ID: 1-090085-4

4341 Keaka Drive

Reviewer:

Honolulu HI 96818

Begin Date: 7/21/2016

End Date: 7/29/2016

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 made on 7/21/2016 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.

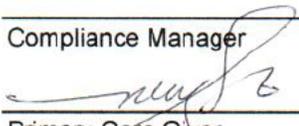
Foster Family Home Background Checks [17-1454-7.1]

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#3 eCrime expired [REDACTED] but renewed [REDACTED] with about 5 days lapse.

Compliance Manager


Primary Care Giver

Date

7/21/16

Date

Written Plan of Correction

7/22/16

7.1. Ca(1) CG #3 will not lapse in the future again because the home now has a log to track all requirements before due date.

7/21/16

_____ *Mary S. Ito*
4341 Keaka Dr
Honolulu, HI 96818