

# Foster Family Home - Corrective Action Report

Provider ID: 1-588931

Home Name: Nancy Daproza, CNA

Review ID: 1-588931-4

1326 Hooli Circle

Reviewer:

Pearl City

HI 96782

Begin Date: 5/26/2016

End Date: 6/9/16

## 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

## 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) - No current APS/CAN for CG #1 and CG #2.

## 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 PPD check for CG #2.

NANCY | FOSTER CARE HOME

CORRECTIVE ACTION REPORT

7.1.(a)(2) SENT CTA CURRENT APS/CAN  
FOR CG # 1 AND CG # 2

41.(b)(7) SENT CTA A CURRENT TB  
CLEARANCE (PPD)  
FOR CG # 2.

I HAVE PLACED ALL ITEMS WITH  
EXPIRATION DATES (APS/CAN/TB  
CLEARANCE) IN THE FRONT  
OF MY CTA BINDER. I WILL  
REVEAL FREQUENTLY.

