

Foster Family Home - Corrective Action Report

Provider ID: 1-140065

Home Name: Elsie Javier, CNA

Review ID: 1-140065-3

91-716 Killipoe Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 9/2/2016

End Date: 9/16/2016

Foster Family Home Required Certificate [17-1464-6]

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

Comment:

6 (d)(1) Home visit made on 9/2/2016 for a 2-bed change to 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/2/2016.

6 (d)(1) see applicable 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) CG#2 Adult Protective Services, Child Abuse Neglect (APS/CAN) expired on 3/7/2016 but renewed 3/9/16 with 2 days lapse.

Compliance Manager



Primary Care Giver

Date

9/2/16

Date

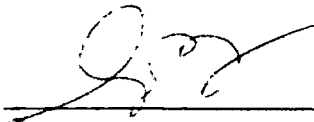
Written Plan of Correction

September 3, 2016

The statement made of 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 CCFFH has taken or will take the actions set forth in the following plan of correction. The plan of correction constitutes the CCFFH 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) CG2 will not lapse in the APS/CAN in the future because the home now has a special calendar for all requirements before due date.

September 3, 2016



Elsie Javier

91-716 Kilipoe street

Ewa Beach HI 96706