

# Foster Family Home - Corrective Action Report

Provider ID: 1-591083

Home Name: Rosa Ishihara, CNA

94-205 Paiwa Street

Waipahu

HI 96797

Review ID: 1-591083-3

Reviewer:

Begin Date: 8/25/2015

End Date: 9/6/2016

## 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 8/25/16 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/25/2016.

6 (d)(1) see applicable sections of this review.

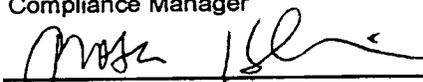
## Foster Family Home Background Checks [17-1454-7.1]

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#2 eCrim expired 10/30/15 but renewed 12/7/15 with about 6 weeks lapse.

Compliance Manager

  
Primary Care Giver

Date

8-25-16

Date

Written Plan of Correction  
8/26/14

7.1. (a)(1) CG#2 elim will not be used  
in the future again because  
the home has special calendar  
to keep track of all  
requirements in due date.

8/26/14

Jose L. H.

94-205 Paima St.

Waipahu, Hi. 96797