

# Foster Family Home - Corrective Action Report

Provider ID: 1-596489

Home Name: Ann Caddali, CNA

Review ID: 1-596489-3

1525 A Adelaide Street

Reviewer:

Honolulu HI 96819

Begin Date: 9/29/2016

End Date: 10/3/16

## 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 9/29/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/29/2016.

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 on 9/20/16 but renewed on 9/28/16 with about eight days lapse.

Compliance Manager



Primary Care Giver

Date



Date

# WRITTEN PLAN CORRECTION

September 30, 2016

The Home's plan to get a ecrim in the future is to get ahead of time before the due date and that all requirements will be on time so this will not happen again in the future

September 29, 2016

~~ANN CADDEN~~

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1525- A Adelaide St.

HONOLULU, HAWAII 96819