

# Foster Family Home - Corrective Action Report

Provider ID: 1-512980

Home Name: Lilia Pulido, CNA

Review ID: 1-512980-4

2008 Ulana Street

Reviewer:

Honolulu HI 96819

Begin Date: 9/26/2016

End Date: 10/18/2016

## 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 9/26/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/26/32016.

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 eCrim expired on 3/14/15 but renewed on 5/27/15 with 6 weeks lapse.

## Foster Family Home Records [17-1454-52]

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

52.(c)(2)

Client #1: Discrepancy noted

Special Information was checked

Client#2: Service Plan every 6 months but last done on 1/10/15 and renewed on 3/21/16.

Compliance Manager

*Lilia R. Pulido*

Primary Care Giver

Date

*09/26/16*

Date

10/18/2016 14:54

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Written Plan of Correction

October 17, 2016

7.1 (a)(1) CG#3      ECrim will not lapse in the future. The home will use a calendar reminder for all requirements before due date and be responsible for updating

5.2 (c)(2) Client #1      special information corrective by RN CM October 10, 2016  
Client #2      CM will not lapse in Service Plan.

The home will work with CM for any discrepancies or missing document in service plan so that it will not reoccur in the future.

October 17, 2016



Lilia Pulido  
2008 Ulana St.  
Honolulu, HI 96819