

# Foster Family Home - Corrective Action Report

Review ID: 1-512807

Home Name: Cynthia Maulit, LPN

Review ID: 1-512807-5

94-771 Koniaka Place

Reviewer:

Waipahu HI 96797 Begin Date: 11/30/2016 End Date: 12/5/2016

## 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 11/30/2016 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 12/30/2016.

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#1 and #2 lapsed on Adult Protective Services and Child Neglect Abuse checks due on/before 3/8/15 done on 7/15/15.

Compliance Manager

*Cynthia Maulit*

Primary Care Giver

Date

11/30/16

Date

## Written Plan of Correction

12/1/16

7.1. (a) (2)

Fix by: CG #1 and #2 will not lapse in Adult Protective Services and Child Neglect Abuse. Will not lapse again next time.

Prevention plan: The Home will use a reminder calendar to have 3 weeks before due date to prevent anymore lapses.

12/1/16

Cynthia Maulit  
94 - 771 Koneika place  
Waipahu, HI. 96797