

Foster Family Home - Corrective Action Report

Provider ID: 1-511180

Home Name: Leilani Nagtalon, CNA

Review ID: 1-511180-5

94-1003 Kuakolu Place

Reviewer:

Waipahu HI 96797

Begin Date: 8/24/2016

End Date: 9/9/2016

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 8/24/2016 for a 2-bed change to 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/24/2016.

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

Foster Family Home Background Checks

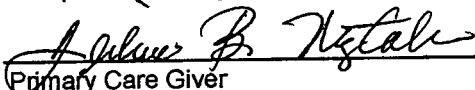
[17-1454-7.1]

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 6/13/2016 but renewed on 7/8/2016 with about 4 weeks lapse. CG#4 eCrim expired on 2/5/2016 but renewed on 3/4/2016 with about 4 weeks lapse.

Compliance Manager



Primary Care Giver

Date

8/24/16

Date

Written Plan of Correction

8/25/16

7. 1.(a)(1) Cg #2 & 4 will not lapse in
Erim in the future again. The
home now has a chart to graft all
requirements before due date.

Jpluu B Kytala
941003 Kuakoko Place
Waipahua, Hawaii 96797

8/25/16