

Foster Family Home - Corrective Action Report

Provider ID: 1-562852

Home Name: Marilyn Basuel, CNA

Review ID: 1-562852-4

94-1001 Waiolina Street

Reviewer:

Waipahu HI 96797

Begin Date: 12/1/2016

End Date: 12/4/2016

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 12/1/2016. Corrective Action Report issued during home visit with all items due to CTA by 12/31/2016.

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#3 & CG#4 e-crim lapsed by 1 day(CG#3) and 7 days (CG#4).

Compliance Manager

Marilyn Basuel

Primary Care Giver

Date

12/1/2016

Date

WRITTEN PLAN OF CORRECTION

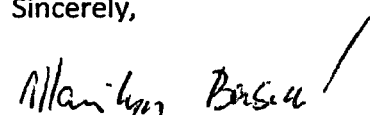
DECEMBER 3, 2016

7.1(a)(1)CG#3 & CG #4 e-crim lapsed by 1day (CG#3) and 7 days (CG#4).

Every month the home will review the caregiver tracking log with E-crim due date & inform

caregiver w/in 1 month before due date.

Sincerely,


Marilyn Basuel

94-1001 WAIOLINA ST

Waipahu HI 96797