

# Foster Family Home - Corrective Action Report

Provider ID: 1-090121

Home Name: Modesta Dela Cruz Leoncio,  
CNA

Review ID: 1-090121-8

1310 Palama Street

Reviewer:

Honolulu HI 96817

Begin Date: 12/5/2016

End Date: 1/18/17

## 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 person CCFFH recertification review made on 12/05/16. Corrective Action Report issued during home visit with all items due to CTA by 1/05/17.

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 is missing a current APS/CAN.

## Foster Family Home Physical Environment [17-1454-48]

48.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

48.(a)(5)Foster home's fire extinguisher reading shows it needs to be recharged.

Compliance Manager

*Modesta Dela Cruz Leoncio*

Primary Care Giver

Date

*12/5/16*

Date

Dec 19 06 05:55p

p.3

Modesta Leoncio  
1310 Palama St.  
Honolulu, HI 96817

January 13, 2017

### Written Plan of Correction

Fix : 7.1(a)(2) CG Completed APS/CAN on 12/08/2016 and filed in caregiver binder.

Prevent: APS/CAN will not lapse in the future because due dates are now logged in my cellphone's calendar with reminders of the dates.

Fix: 48.(a)(5) Fire extinguisher was recharged on 12/06/2016.

Prevent: I will always check once a year and I'm going to Ali'i Fire Protection Company to make sure it is up to date and fully charge.

Thank You,



Modesta Leoncio  
Foster Home Operator, Caregiver