

# Foster Family Home - Corrective Action Report

Provider ID: 1-150004

Home Name: Rosalie de Aquino, LPN

Review ID: 1-150004-3

87-150 Lualei Place

Reviewer:

Waianae HI 96792

Begin Date: 11/23/2016

End Date: 12/23/2016

## 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 11/23/16 for a change from a 2-bed to 3-bed certification. Corrective action report issued during home visit with corrective action plan due to CTA on 12/23/16.

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

Corrective action plan received on 12/16/2016, items reviewed and items completed on 12/23/2016. Home will receive a one year recertification for 3 beds.

## 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;

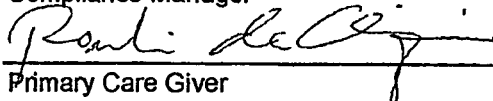
7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1(a)(1)PCG had a lapse in 2nd fingerprinting.

7.1(a)(2)APS/CAN check for PCG was due on or before 1/16/16 and was done on 1/27/16.

Compliance Manager



Primary Care Giver

Date

11/23/16

Date

**WRITTEN PLAN OF CORRECTION**

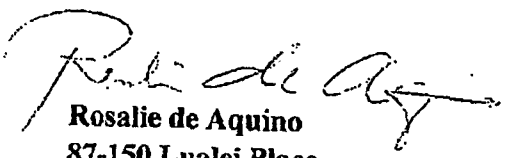
**12/16/2016**

**7.1(a)(1) PCG had a lapse in 2<sup>nd</sup> fingerprinting.**

**Fingerprinting will not lapse in the future because PCG has written due dates in the home's calendar.**

**7.1(a)(2) APS/CAN check for PCG was due on or before 01/16/16 and was done on 01/27/16.**

**APS/CAN will not lapse in the future because PCG has written due dates in the home's calendar.**



**Rosalie de Aquino  
87-150 Lualei Place  
Waianae, Hi 96792  
12/16/16**