

Foster Family Home - Corrective Action Report

Provider ID: 1-110025

Home Name: Glorita Gillo, CNA

Review ID: 1-110025-5

2921 Laelae Way

Reviewer:

Honolulu

HI 96819

Begin Date: 2/6/2017

End Date: 2/7/2017

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 2/6/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 3/6/2017

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) Lapsed on Adult Protective Services and Child Abuse Neglect (APS/CAN) checks due on/before 12/31/2016 done on 1/12/17 for CG#2 and due on/before 10/1/2015 done on 12/11/2015 for CG#3.

Compliance Manager

Glorita Gillo

Primary Care Giver

Date

2/06/2017

Date

Written Plan of Correction

2/07/17

7.1.(a)(2) CG#2 + CG#3 will not lapsed again for APS/CAN.

To prevent this from happening again in the future, I will use a calendar & mark 2 weeks ahead of the expiration date.

2/07/17 Klouita Kilo
2921 Laelae Way
Hon. HI 96819