

# Foster Family Home - Corrective Action Report

Provider ID: 1-120017

Home Name: Shirley Ann Baptisa, CNA3

94-1113 Waipahu Street

Waipahu

HI 96797

Review ID: 1-120017-8

Reviewer:

Begin Date: 1/26/2017

End Date: 2/01/2017

## Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit made for a 3 client CCFFH recertification review made on 1/26/2017. Corrective Action Report issued with corrective action plan due to CTA by 2/26/2017.  
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)(1): No current APS/CAN results on CG#3 & CG#4 in provider's binder.

Compliance Manager



Primary Care Giver

Date

1/26/17

Date

CW

Jan 30 17 08:36p

Shirley Agustin

p.1

### Corrective Plan of Action

7.1 (a)(1): No current APS/CAN results on CG #3 & CG #4. APS/CAN was done on Friday, January 27, 2017 and placed in my binder. I have added a reminder on my calendar to renew PCG and SCG's APS/CAN every other year.

Shirley Ann Baptista  
94-1113 Waipahu St.  
Waipahu, HI 96797