

Foster Family Home - Corrective Action Report

Provider ID: 1-512279

Home Name: Flordelisa Tomas, CNA

Review ID: 1-512279-5

94-1187 Halelehua Street

Reviewer:

Waipahu HI 96797

Begin Date: 2/22/2017

End Date: 2/23/2017

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 2/22/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 3/22/2017

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 in Adult Protective Service and Child Abuse Neglect (APS/CAN) due on/before 6/11/2016 - was done on 6/16/2016 for CG#1, CG#3, and CG#4.

Compliance Manager

Flordelisa Tomas

Primary Care Giver

Date

2-22-17

Date

Written plan of correction

2-23-17

7.1(a)(2) CG 1, CG 3, and CG #4 will not lapse next time again. The home now has a checklist of all requirements 2 weeks before due date to prevent from happening again and in the future.

2.23-17

Flordelisa Tomas
94-1187 Halelehua St
Waipahu HI - 96797