

Foster Family Home - Corrective Action Report

Provider ID: 1-509309

Home Name: Norma Cabus, CNA

Review ID: 1-509309-4

98-1674 Laauhuahua Place

Reviewer: Sue Lo

Pearl City HI 96782

Begin Date: 7/10/2017

End Date: 7/12/2017

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 7/10/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 8/10/2017


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/Child Abuse Neglect (APS/CAN) checks due on/before 2/22/2016 - was done on 5/4/2016 for CG#1, CG#2, and CG#4.



Compliance Manager

7/10/17
Date



Primary Care Giver

7-10-17
Date

Written Plan of Correction

7/11/2017

7.1, (a)(2) CG #1, CG #2 + CG #4 will not lapse in APS for
in the future again

Prevention Plan

I made a list of all requirements to make sure to
renew before due date so this will not happen
again in the future. all the requirement will
consist of APS/can T, B etc.

None Other

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98-1674 ~~Laanahuia~~ Place
Pearl City Hawaii 96782