

Foster Family Home - Corrective Action Report

Provider ID: 1-513003

Home Name: Cherry Quibol, CNA

Review ID: 1-513003-4

94-1481 Hiapo Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 6/15/2017

End Date: 6/15/2017

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 for a 2 bed recertification survey. A corrective action report was issued during the visit with written plan of correction due to CTA by 7/15/2017.

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;

Comment:

7.1(a)(1)-E-crim lapsed for HHM#1 was due on/before 9/21/16 and was done 2/13/17.

Compliance Manager

Cheng

Primary Care Giver

Date

6/15/17

Date

Written Plan of Correction

6/15/17

7.1(a)(1) House Hold member # (1) will not lapse in E@mine in the future because the Promony @me giner will learn to use the iPad to check on E@mine report for my house hold member.

CHERRY S: QUIBOL
Cherry Quibol
94-481 Hwapo St
Waipahu HI 96797