

Foster Family Home - Corrective Action Report

Provider ID: 1-588999

Home Name: May Ganton, CNA

Review ID: 1-588999-4

94-638 Loaa Street

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 7/13/2017

End Date: 7/20/2017

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 7/13/2017 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 8/13/2017.

6 (d)(1) see applicable sections of this review

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;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

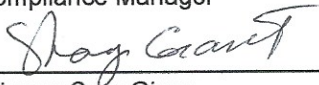
Comment:

7.1.(a)(1) Lapsed on eCrim due on/before 7/11/2016 - was done on 7/18/2017 for CG#3.

7.1.(a)(2) Lapsed on Adult Protective Service/Child Abuse Neglect (APS/CAN) checks due on/before 7/11/2017 - was done on 7/19/2017 for CG#3.



Compliance Manager



Primary Care Giver

2/13/2017

Date

7/13/2017

Date

Written Plan of Correction

7/14/2017

7.1(a)(1) } CG#3 Will not lapse in eCrim &
7.1(a)(2) } APS/CAN because ^{by} because the home
will prevent lapses by; by updating
and reviewing the requirements list
of the re-~~new~~al date before the
expiration date.

Shay Gant

94-638 Loaa St.

Waipahu Hi

96797