

Foster Family Home - Corrective Action Report

Provider ID: 1-150070

Home Name: Christine Dela Cruz, CNA

Review ID: 1-150070-4

94-538 Koaleo St.

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 8/29/2017

End Date:

8/31/2017

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 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/29/2017

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) CG#1 lapsed on Adult Protective Services/Child Abuse Neglect (APS/CAN) due on 4/29/17 was done on 8/3/17.



Compliance Manager



Primary Care Giver

8/29/2017

Date

8/29/17

Date

8/29/17

Written Plan of Correction

7-1(a)(2) - CG#1 will not lapse ^{APS/CAN} anymore. Since this cannot be fixed, the home will prevent from happening again;

Prevention Plan, Will make a calendar note to renew all requirements and APS/CAN before due date.



94-538 KONA 87-
WAI PANA HI 96797