

Foster Family Home - Corrective Action Report

Provider ID: 1-140065

Home Name: Elsie Javier, CNA

Review ID: 1-140065-4

91-716 Kilipoe Street

Reviewer: Sue Lo

Ewa Beach HI 96706

Begin Date: 8/10/2017

End Date: 8/10/2017

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 8/10/2017 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/10/2017.

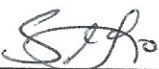
6 (d)(1) see applicable sections of this review.

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;

Comment:

7.1.(a)(1) Lapsed on eCrim due on/before 3/3/15 was done 3/23/17 for CG#2.



Compliance Manager



Primary Care Giver

8/10/17

Date

8/10/17

Date

August 10, 2017

Written Plan of Correction

- 1) 7.1 (a)(1): CG #2 will not lapse in ecrim requirement as the home now revised calendar to remind PC two to three weeks prior to expiration date.



Elsie Javier (Primary Caregiver)

Date: August 10, 2017

91-716 Kilipoe Street
Ewa Beach Hi, 96706