

# Foster Family Home - Corrective Action Report

Provider ID: 4-170048

Home Name: Judy Lapuebla, CNA

5 Puakal place

Kahului

HI 96732

Review ID: 4-170048-1

Reviewer: David Ayling

Begin Date: 8/28/2017

End Date:

8/30/17

## Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person new home CCFH certification review made on 8/28/17. Corrective Action Report issued during home visit with all items due to CTA by 9/28/17.

6.(d)(1) - see applicable sections of the 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) (2) - No current APS/CAN and Fingerprints for HHM #1.

## Foster Family Home Personnel and Staffing [17-1454-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - No current TB clearance for HHM #1.

Compliance Manager

Primary Care Giver

Date

Date

7.1.(9) (1) (2) – I obtained current APS/CAN and fingerprints from HHM #1 and placed in my CTA binder.

41.(f) (1) – I obtained current TB clearance from HHM#1 and placed in my CTA binder.

I will get all required items (APS/CAN/TB) for new HHM's at the time they move in.

 8/30/17

Judy Michelle Lapuebla