

# Foster Family Home - Corrective Action Report

Provider ID: 1-120057

Home Name: Tereza Miranda, CNA

Review ID: 1-120057-6

94-120 Hulahe Street

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 9/6/2017

End Date: 9/6/2017

## 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. Corrective action report issued during home visit with corrective action plan due to CTA on 10/6/2017

## 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#3 lapsed on Adult Protective Services/Child Abuse Neglect (APS/CAN) due 9/4/16 and was done 9/19/16.

SLo  
Compliance Manager

T Miranda  
Primary Care Giver

9/6/17  
Date

9/6/17  
Date

## WRITTEN PLAN OF CORRECTION

9/6/2017 7.1(a)(2) CG#3 will not laps = APS-CAN

any more, because CG#1 will  
keep track of all requirements  
that will be due and renew  
before expiration date by  
using a calendar

Saminanda

94120 Hulake St.

WAIKAPU, HI. 96797