

# Foster Family Home - Corrective Action Report

Provider ID: 1-630576

Home Name: Alejandrina Seatriz, CNA

Review ID: 1-630576-6

91-1050 Kauiki Street

Reviewer: Sue Lo

Ewa Beach HI 96706

Begin Date: 9/25/2017

End Date: 10/4/2017

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

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

Comment:

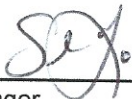
6(d)(1) Home visit made for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/25/2017.

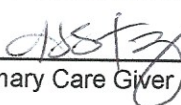
## Foster Family Home Background Checks [17-1454-7.1]

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) Lapse on Adult Protective Services/Child Abuse Neglect (APS/CAN) due on before 7/8/16 was done 9/21/16 for CG#2, due on/before 9/15/16 was done 9/22/16 CG#3, and due on/before 7/8/16 was done 9/21/16 CG#4

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

9/25/2017  
Date

9-25-17  
Date

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report A  
 Chapter 17-1454

CCFFH Name: Alexandrina Beatriz  
 CCFFH Address: 901050 Kameka St Ewa Beach HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(2)	Lapse cannot be fix		<p>I understand that the background check is important. therefore my plan is to keep track of due date to prevent lapse.</p> <p>I will use my calendar to put all requirements before due date.</p>

Primary Caregiver's Signature: AMB

Print Name: Alexandrina Beatriz Date of Signature: 9-26-17