

Foster Family Home - Corrective Action Report

Provider ID: 1-140068

Home Name: Beth C. Peralta, CNA

Review ID: 1-140068-4

94-466 Hene Street

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 8/30/2017

End Date: 9/22/2017

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 9/30/2017

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) No fingerprinting document in the home for CG#3.

SCL
Compliance Manager

Beth C. Peralta
Primary Care Giver

8/30/2017
Date

8/30/2017
Date

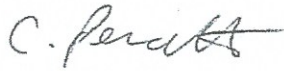
09/19/2017

Written Plan of Correction

7.1.(a)(1) CG#3 1st set of Fingerprinting done on 9/12/2017 second set will be done next year before 9/12/2018.

The Fingerprinting result is kept in the binder permanently to prevent from happening again in the future.

Date: 9/19/2017

A handwritten signature in black ink, appearing to read "C. Peralta".

Beth C Peralta PCG 94-

466 Hene St.

Waipahu, HI 96797