

Foster Family Home - Corrective Action Report

Provider ID: 5-577380

Home Name: Cristina Dullaga, CNA

Review ID: 5-577380-8

1657 Malakia Street

Reviewer: Sue Lo

Kapaa HI 96746

Begin Date: 10/19/2017

End Date: 10/21/2017

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 11/19/2017.

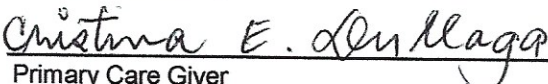
Foster Family Home Background Checks [17-1454-7.1]

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#1 lapsed on Adult Protective Services/Child Abuse Neglect (APS/CAN) due on/before 8/11/17 was done 8/30/17 and due on/before 8/11/17 was done 8/29/17 for CG#2.


Compliance Manager


Primary Care Giver

10/19/2017
Date

10-19-2017
Date

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

CCFFH Name: Cristina E. Dullaga
 CCFFH Address: 1657 Malakia St. Kapaa, HI. 96746

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|-------------------------|----------------|---|
| 7.1(a)(2) | Lapse cannot be fixed. | 10/19/17 | Background checks Very Important I will use the iPhone calendar to remind me a week ahead of time. |

Primary Caregiver's Signature: Cristina E. Dullaga

Print Name: Cristina Dullaga

Date of Signature: 10/19/17