

Foster Family Home - Corrective Action Report

Provider ID: 1-583238

Home Name: Elizabeth Etrata, CNA

Review ID: 1-583238-4

94-706 Kaaoki Place

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 10/23/2017

End Date: 10/23/2017

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 11/23/2017.

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) Adult Protective Services/Child Abuse Neglect (APS/CAN) lapse due on/before 4/7/17 was done 4/20/17 for CG#1.



Compliance Manager



Primary Care Giver

10/23/2017
Date

10/23/17
Date

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

CCFFH Name: ELIZABETH A. ETRATA
 CCFFH Address: 94-706 KAAOKI PLACE, WAIPAHU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(2)	Lapse cannot be fixed.	10/23/17	Background check is important. PCG made a requirement list to renew 1 or 2 weeks before expiration date.

Primary Caregiver's Signature: Elizabeth A. Etrata

Print Name: ELIZABETH A. ETRATA

Date of Signature: 10/23/17