

Foster Family Home - Corrective Action Report

Provider ID: 1-594673

Home Name: Divina Mapanao, CNA

Review ID: 1-594673-6

91-1643 Auwaha Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 1/11/2018

End Date: 1/12/18

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

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 1/11/18. Corrective Action Report issued during home visit with all items due to CTA by 2/11/18.

6.(d)(1) - see applicable sections of the review

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) - Current APS/CAN not done until 7/19/17 for CG #1, CG #2, and CG #3. Expired on 1/27/17.

David Ayling Rv
Compliance Manager

[Signature]
Primary Care Giver


1/11/18
Date

1/11/18
Date

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

CCFFH Name: DIVINA MAPANA O
CCFFH Address: 91-1643 AUMAHA ST, EWA BEACH

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(2)	I showed CTA current APS/CAN for all SGI's on the day of recertification visit.	1/11/18	I made a list of the expiration dates for APS/CAN for all SGI's. I placed list in the front of my CTA binder. I will review the list monthly.

Primary Caregiver's Signature: 
Print Name: Divina A. Mapana O Date of Signature: 1/11/18