

# Foster Family Home - Corrective Action Report

Provider ID: 1-110025

Home Name: Glorita Gilo, CNA

2921 Laelae Way

Honolulu

HI 96819

Review ID: 1-110025-6

Reviewer: Sue Lo

Begin Date: 1/4/2018

End Date: 1/8/2018

## 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 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/04/2018

## 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) Lapsed in Adult Protective Services/ Child Abuse Neglect (APS/CAN) due on before 12/11/15 was done on 12/21/17 for CG#3.

## Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) Lapsed on TB clearance due on/before on 10/22/16 was on done 11/22/17 for CG#3.

Compliance Manager

Primary Care Giver

Date

Date

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

CCFFH Name: GLORITA Gilo  
 CCFFH Address: 2971 LAKAE WAY  
HON. HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(2) AND 41(b)(7)	LAPSE CANNOT be corrected	1/04/18	<p>I understand background check are important and also TB Clearance and other requirements will be renew before they the due date.</p> <p>From now on I check my note book more frequently to renew the requirements before expiration date.</p>

Primary Caregiver's Signature: Glorigta Gilo

Print Name: GLORITA Gilo

Date of Signature: 1/04/2018