

Foster Family Home - Corrective Action Report

Provider ID: 1-170078

Home Name: Richard Lindenmuth Jr.

Review ID: 1-170078-1

1134 Iomea Pl.

Reviewer: Carrie Wakai

Wahiawa

HI 96786

Begin Date: 12/23/2017

End Date: 01/07/2018

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 new 2 person CCFFH certification survey. A Corrective Action Report was issued during the visit with all required items due to CTA by 1/23/2018.

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;

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.1 & 7.1.a.2

No 2nd set of APS/CAN/Fingerprinting for CG#3 present in the home's folder.

Carrie Wakai
Compliance Manager

[Signature]
Primary Care Giver

12/23/17
Date

12/23/17
Date

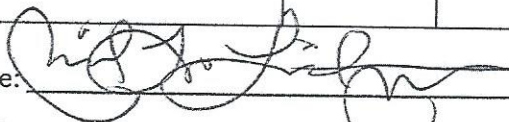
Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Richard Lindenmuth

CCFFH Address: 1134 Iomea Pl. Wahiawa, HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(1) and 7.1.(a)(2)	CG#3 has taken the APS/CAN/Fingerprinting background check.	1/5/18	Home will ensure that all caregivers that are hired in the future will have all applicable requirements prior to hiring.

Primary Caregiver's Signature:



Print Name: Richard Lindenmuth

Date of Signature: 1/7/18