

Foster Family Home - Corrective Action Report

Provider ID: 1-090094

Home Name: Erlinda Ibus, CNA

Review ID: 1-090094-6

94-468 Kalukalu Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 1/16/2018

End Date: 1/27/18

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 1/16/18. Corrective Action Report issued during home visit with all items due to CTA by 2/16/18.

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


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),(2) - APS/CAN and eCrim not done until 3/31/17 for all CG's. Expired on 1/17/17.



Compliance Manager

1/16/18
Date



Primary Care Giver

1/16/18
Date

7.1(9)(1)(2) -

I showed CTA current APS/can and eCrim for all CG's on 1/14/18 (my recertification time). I will get them done every two years. I have written a list of the expiration dates of the APS/can + eCrim for all CG and placed in the front of my CTA binder. I will review it monthly.

EBus 1/27/18