

Foster Family Home - Corrective Action Report

Provider ID: 1-120074

Home Name: Jovelyn Sumaoang, CNA

Review ID: 1-120074-8

2256 Akeukeu Street

Reviewer: Sue Lo

Pearl City

HI 96782

Begin Date: 1/8/2018

End Date: 1/16/2018

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 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 2/08/2018

Foster Family Home


Background Checks

[17-1454-7.1]

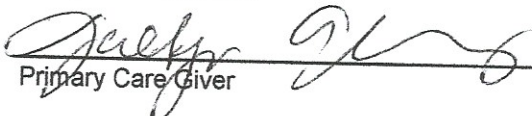
7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) Lapsed on eCrim due on/before 12/16/16 was done on 1/6/17 for CG#3.



Compliance Manager



Primary Care Giver


1/8/2018
Date

1/8/18
Date

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

CCFFH Name: Jovelyn Sumaong
 CCFFH Address: 2236 Akaka St, PC, HI 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1a1	Lapse cannot be fix	1/8/18	background check is very important 1 phon alarm pccs before the due date to prevent lapse

Primary Caregiver's Signature: 
 Print Name: Jovelyn Sumaong Date of Signature: 1/8/18