

Foster Family Home - Corrective Action Report

Provider ID: 1-170089

Home Name: Adela Corpuz CNA

Review ID: 1-170089-1

928 First Street

Reviewer: Carrie Wakai

Pearl City HI 96782

Begin Date: 3/3/2018

End Date: 3/19/2018

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 client CCFFH certification survey. A corrective action report was issued during the visit with a corrective action report due to CTA by 3/17/2018.

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 APS/CAN/fingerprinting results present for CG#3 in the home's folder.

Carrie Wakai

Compliance Manager

Adela Corpuz

Primary Care Giver

3/03/18

Date

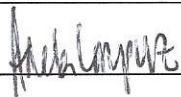
03/03/2018

Date

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

CCFFH Name: Adela A. Corpuz
 CCFFH Address: 928 First street Pearl City HI 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7-1 a.1	APS/CAN I Fingerprinting was done by CG#3.	03/05/2018 @ 1:30 pm	In the future, all CG who will work will complete all the requirements needed for them to work. I will keep tracks the due date on my calendar.

Primary Caregiver's Signature: 

Print Name: Adela A. Corpuz

Date of Signature: 03/19/2018