

# Foster Family Home - Corrective Action Report

Provider ID: 1-628117

Home Name: Laura Dela Cruz, RN

Review ID: 1-628117-5

94-1078 Haalau Street

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 1/18/2018

End Date: 3/16/2018

## 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 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 2/18/2018.

Notation entered on 1/30/2018: Home submitted CAP on 1/26/2018, items processed on 1/30/2018, home is in compliance on 1/30/2018. Home will receive a one year recertification for 2 beds

## Foster Family Home


## Background Checks

[17-1454-7.1]

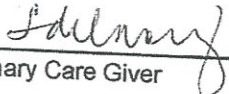
7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) Adult Protective Services/Child Abuse Neglect (APS/CAN) checks last don on 10/14/15 and no current APS/CAN for CG#3.

  
Compliance Manager

1/18/2018  
Date

  
Primary Care Giver

1-18-18  
Date

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

CCFFH Name: LAURA DELA CRUZ FOSTER HOME

CCFFH Address: 94-1078 HAALAU ST. WAIKIKU HAWAII 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7-1(a)(2)	Current Adult Protective Services/Child abuse neglect done by CG#3	1/25/18	PCG understand background check requirements - APS-CAN file on the home binder. PCG in put requirements due dates in cellphone calendar, will check every month

Primary Caregiver's Signature: *L Delacruz*

Print Name: LAURA DELA CRUZ

Date of Signature: 2/26/18