

# Foster Family Home - Corrective Action Report

Provider ID: 1-170009

Home Name: Norma Maneja, CNA

Review ID: 1-170009-2

91-1165 Kumulipo St.

Reviewer: David Ayling

Kapolei HI 96707

Begin Date: 3/15/2018

End Date: 3/16/18

## 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 2 person CCFH recertification review made on 3/15/18. Corrective Action Report issued during home visit with all items due to CTA by 4/15/18.

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

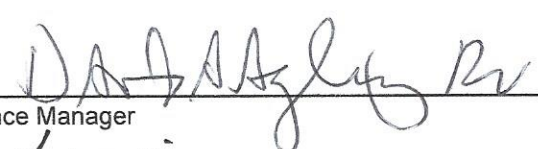
## Foster Family Home Background Checks [17-1454-7.1]

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

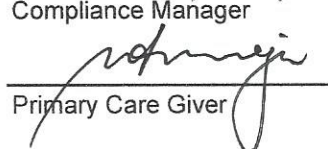
7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1) - <sup>(2)</sup> Second year APS/CAN and fingerprints not done until 2/7/18 for HHM's #1, #2, and #3. Expired on 11/28/17.

  
Compliance Manager

3/15/18  
Date

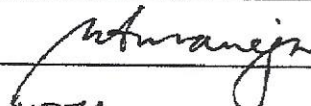
  
Primary Care Giver

3-15-18  
Date

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

CCFFH Name: NORMA MANEJA FOSTER CARE HOME  
 CCFFH Address: 91-1165 KUMULIPO ST. KAPOLEI HI 96707

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
74(a)(2)	I showed CTA the current APS/CAN and fingerprints for HHM'S #1, #2 and 3 on the day 3/15/18 on my recertification.	3-16-18	I have placed the expiration dates for APS/CAN and fingerprints in my iphone calendar for all CG'S and HHM'S. The reminder is set for 1 month prior to expiration.

Primary Caregiver's Signature: 

Print Name: NORMA MANEJA

Date of Signature: 3-16-18