

# Foster Family Home - Corrective Action Report

Provider ID: 1-100069

Home Name: Glenna McCabe, CNA

Review ID: 1-100069-5

45-357 Lehuuila Street

Reviewer: Sue Lo

Kaneohe HI 96744

Begin Date: 5/2/2018

End Date: 5/4/2018

## 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 6/2/2018.

## 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) Lapsed on eCrime due on/before 4/20/17 was done on 5/20/17 for CG#2.

7.1.(a)(2) Lapsed on Adult Protective Services/Child Abuse Neglect (APS/CAN) due on/before 1/8/17 was done on 1/12/17 for CG#2.

  
Compliance Manager

  
Primary Care Giver

5/3/2018  
Date

5/2/18  
Date

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

CCFFH Name: McCabe Foster Home (Glenna McCabe)  
 CCFFH Address: 45-357 Lehuwila St. Kaneohe, HI 96744

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1) 7.1(a)(2)	Lapses can't be corrected	5/3/18	<p>I understand background checks are every two years and will renew before due date.</p> <p>Home will <del>redo</del><sup>GM</sup> redo requirement list to make sure done before due date.</p> <p>Home will check once a month and will be placed on PG binder.</p>

Primary Caregiver's Signature: 

Print Name: Glenna McCabe

Date of Signature: 5/3/18