

# Foster Family Home - Corrective Action Report

Provider ID: 1-562810

Home Name: Evelyn Mar, CNA

Review ID: 1-562810-4

94-959 Lumimoe Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 7/12/2018

End Date: 8/12/18

## 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 CCFFH recertification review made on 7/12/18. Corrective Action Report issued during home visit with all items due to CTA by 8/12/18.

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

## Foster Family Home

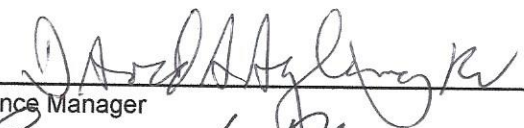
## Background Checks

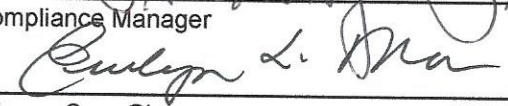
[17-1454-7.1]

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) - APS/CAN expired on 4/6/17 for CG #2 and CG #3. Not renewed until 7/9/18.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

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

CCFFH Name: Evelyn Mar

CCFFH Address: 94-959 Lumimoe St. Waiapahu HI, 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a) (2)	I obtained a current APS/CAN for CG#2 and CG#3 and placed in my CTA binder.	8/12/18	I placed expiration dates for APS/CAN for all CG's in my iPhone calendar. I set the reminder for a month prior to expiration.

Primary Caregiver's Signature: *Evelyn L. Mar*

Print Name: EVELYN L. MAR

Date of Signature: 8/12/18