

Foster Family Home - Corrective Action Report

Provider ID: 1-560319

Home Name: Leila Stringer, NA

Review ID: 1-560319-4

94-332 Pauwala Pl

Reviewer: Angelica Galindo

Mililani HI 96789

Begin Date: 7/20/2018

End Date: 7/20/18

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 7/20/18. Corrective Action Report issued during home visit with all items due to CTA by 8/20/2018.

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)- Fingerprint lapsed for CG#3: was due on/before 12/27/2017, was completed on 7/18/2018. Fingerprint lapsed for CG#4: was due on/before 12/27/2017, was done on 7/17/2018.


7.1.(a)(2)- APS/CAN checks lapsed for CG#3: was due on/before 12/27/2017, was done on 7/18/2018. APS/CAN checks lapsed for CG#4 due on/before 12/27/2017, was done on 7/17/2018.

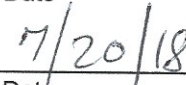


Compliance Manager



Primary Care Giver


Date


Date

