

# Foster Family Home - Corrective Action Report

Provider ID: 1-561094

Home Name: Magielyn Dulay, CNA

Review ID: 1-561094-4

2421 Kini Place

Reviewer: Angelica Galindo

Honolulu

HI 96819

Begin Date: 8/22/2018

End Date: 9/04/18

## 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 3 person CCFFH recertification review made on 8/22/18. Corrective Action Report issued during home visit with all items due to CTA by 9/22/18.

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;

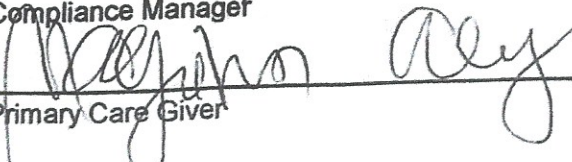
7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1)- Second set of Fingerprints for HHM#1 not present. First set done on 8/19/2016, Second set was due on/before 8/19/2017.

7.1.(a)(2)- APS/CAN for CG#2 lapsed: was due on/before 6/06/2018, was done on 8/22/2018. Second set of APS/CAN checks for HHM#1 was due on/before 8/19/2017, was done on 8/22/2018.

  
Compliance Manager

  
Primary Care Giver

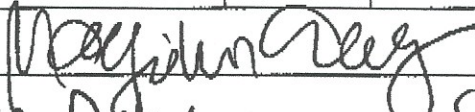
8/22/18  
Date

8/22/18  
Date

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

CCFFH Name: Magielyn Dulay  
 CCFFH Address: 2421 Kuni Pl. Hon. HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	A HM #1 lapsed APS/CAN + FP. However, it was obtained on 8/28/18 and will be placed in CTA binder	8/28/18	Foster Homes <sup>knows</sup> the importance of Background checks. I will now set place all APS/CAN, eCrim, fingerprints and all other special due dates 30 days prior on my calendar and place it on my refrigerator to avoid any future lapses.
7.1(a)(2)	A HM #1 APS/can lapsed it was obtained on 8/28/18 + placed on CTA binder.		
Cg.#2	APS/CAN lapsed on 6/6/18. Lapsed cannot be corrected. However it was obtained on 8/22/18 + placed in CTA binder		

Primary Caregiver's Signature:   
 Print Name: Magielyn Dulay Date of Signature: 9/4/18