

# Foster Family Home - Corrective Action Report

Provider ID: 1-160086

Home Name: Kresta Jonadel Rivalal, NA

Review ID: 1-160086-3

91-1093 Kauiki Street

Reviewer: Lori O'Keefe

Ewa Beach HI 96706

Begin Date: 10/5/2018

End Date:

10/9/18

## Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection performed. Corrective action report issued during visit.

## 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) - there is a lapse in APS/CAN perpetrator check for CG#3 (due by 10/24/17, done 10/26/17), CG#4 also has a lapse of APS/CAN (due by 10/20/17, done 10/26/17)

Lori O'Keefe RN

Compliance Manager

10/5/18

Date

[Signature]

Primary Care Giver

10/5/18

Date

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

CCFFH Name: Kresta Jonadel Rivalal, NA

CCFFH Address: 91-1093 Kauiki St. Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(2)	Lapse cannot be corrected.	10/7/18	Home understands the background check requirements. Home will use a calendar to track due dates to prevent future lapses.

Primary Caregiver's Signature: 

Print Name: Kresta Jonadel Rivalal

Date of Signature: 10/7/18