

# Foster Family Home - Corrective Action Report

Provider ID: 1-580557

Home Name: Mercy Nepomuceno, CNA

Review ID: 1-580557-5

98-1488-A Hoomahie Lp

Reviewer: Angelica Galindo

Pearl City HI 96782

Begin Date: 10/9/2018

End Date: 10/17/18

## 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 10/09/18. Corrective Action Report issued during home visit with all items due to CTA by 11/09/18.

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 Checks for HHM#1 lapsed: was due on/before 8/19/2017, done on 10/08/2018.

*AGalindo, RN*

Compliance Manager

*John Paul*

Primary Care Giver

10/09/18  
Date

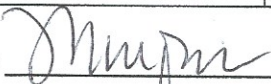
10/09/18  
Date

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

CCFFH Name: Mercy Nepomuceno, CNA

CCFFH Address: 98-1488-A Hoomalie Ln, Pearl City, HI 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1-a 2	Lapse cannot be corrected  -house hold # 1 APS, CAN placed in CTA binder.	10/8/18	Home will use calendar on Iphone to input all due dates to prevent any future lapse. Input will be 15 days prior to expiration.

Primary Caregiver's Signature: 

Print Name: Mercy Nepomuceno

Date of Signature: 10/09/2018