

Foster Family Home - Corrective Action Report

Provider ID: 1-518475

Home Name: Corazon Cabantangan, CNA

Review ID: 1-518475-6

911 Winant Street

Reviewer: Angelica Galindo

Honolulu HI 96817

Begin Date: 10/4/2018

End Date: 10/30/18

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 10/04/18. Corrective Action Report issued during home visit with all items due to CTA by 11/04/18.

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

Foster Family Home Background Checks [17-1454-7.1]

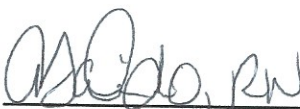
7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

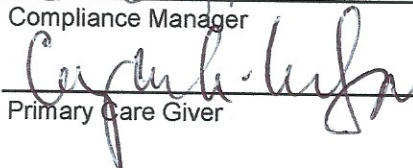
Comment:

7.1.(a)(1) - eCrim lapsed for CG#1: was due on/before 1/03/2018, done on 7/13/2018.

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



Compliance Manager



Primary Care Giver

10/04/18

Date

10-4-18

Date

