

# Foster Family Home - Corrective Action Report

Provider ID: 1-090084

Home Name: Antonia Josue, CNA

94-835 Kaaholo Street

Waipahu

HI 96797

Review ID: 1-090084-4

Reviewer: Sue Lo

Begin Date: 5/3/2017

End Date: 5/4/2017

## Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6 (d)(1) Home visit made on 5/3/2017 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/3/2017.

6 (d)(1) see applicable sections of this review.

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

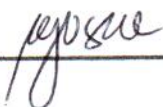
7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) Lapsed on Adult Protective Service and Child Abuse Neglect (APS/CAN) due on/before 2/28/2016 for CG#1, CG#3, and HHM#1 and due on/before 1/27/2016 for CG#2 - were done on 9/27/2016. Lapsed on APS/CAN due on/before 6/6/2016 - was done on 6/10/16 for CG#4. Lapsed on APS/CAN due on/before 2/16/2017 - was done on 3/21/2017 for HHM#2.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver



\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



written Plan of correction.

May 4, 2017

7. 1(9)(2) - CG #1, #2, #3, #4 and  
HHM #1, #2

will not lapse in the future again.

Prevention Plan.

Revise my requirement log to make  
sure to renew one month before due  
date, so this plan will not happen  
in the future:

*Antonia Josue*  
Antonia Josue  
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