

Foster Family Home - Corrective Action Report

Provider ID: 1-579592

Home Name: Emerita Dela Cruz, CNA

Review ID: 1-579592-5

94-1110 Huakai Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 12/28/2018

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 2 person CCFFH recertification review made on 12/28/18. Corrective Action Report issued during home visit with all items due to CTA by 1/28/19
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:

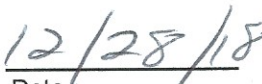
7.1.(a)(2) - APS/CAN lapsed for CG#2, CG#3, & CG#4: all due on/before 1/05/2018, all done on 10/24/2018.



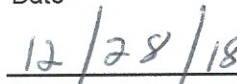
Compliance Manager



Primary Care Giver



Date



Date

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

CCFFH Name: Emerita A. dela Cruz

CCFFH Address: 94-1110 Huakai St - Waipahu, HI - 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(2)	Lapse cannot be corrected SCG # 2, 3 4 APS/Can placed in SCG home folder.	10/24/2018	I will now use my iPhone to help me remember by using calendar alert with a 2 week advance notice to prevent any future lapses.

Primary Caregiver's Signature: Emerita A. dela Cruz

Print Name: EMERITA A. DELA CRUZ

Date of Signature: 1-8-2019