

# Foster Family Home - Corrective Action Report

Provider ID: 1-130017

Home Name: Jenifer Delos Trinos, CNA

Review ID: 1-130017-6

37 Hauola Avenue

Reviewer: Sue Lo

Wahiawa

HI 96786

Begin Date: 4/12/2018

End Date: 4/16/2018

## 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 for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 5/12/2018.

## 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;

Comment:

7.1.(a)(1) Lapsed in eCrim due on/before 12/23/17 was done on 4/12/18 for CG#2 and due on/before 12/23/17 was done on 4/12/18 for HHM#1.

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

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

4/12/2018  
Date

4/12/2018  
Date

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

CCFFH Name: Jenifer B. DelosTrinos  
 CCFFH Address: 37 Hauola Ave Wahiawa HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7-1(a)(6)	lapse cannot be re-done	4/13/18	How understand the background checks. To prevent it to happen again I make sure make a list when it time to do it again. make a calendar list when it is due again how check the list once a month, post on my refrigerator.

Primary Caregiver's Signature: Jenifer B. DelosTrinos

Print Name: Jenifer B. DelosTrinos Date of Signature: 4/13/18