

Foster Family Home - Corrective Action Report

Provider ID: 1-170083

Home Name: Kristine May N.A. Anloague

Review ID: 1-170083-1

98-1040 Kaamilo Street

Reviewer: Carrie Wakai

Aiea HI 96701

Begin Date: 1/18/2018

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 new 2 client change of PCG certification survey. A corrective action report was issued during the visit with a written plan of correction plan due to CTA by 2/2/18.

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) & 7.1(a)(2)
CG#1 fingerprinting lapsed, done 1/17/18 and due 2/22/17; CG#2 fingerprinting done 1/12/18, due 1/14/16. No fingerprinting present for CG#3 in the home's folder. No 2018 e-crim present on CG#2.

Carrie Wakai RW
Compliance Manager

[Signature]
Primary Care Giver

1/18/18
Date

1/18/18
Date

FAX - 2-2-18

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

CCFFH Name: Kristine Antbague

CCFFH Address: 98-1040 Kaamilo St Area HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.9.1	LAPSE CANNOT BE CORRECTED		
	CG #1 COMPLETED THE FINGERPRINT	1-14-18	I UNDERSTAND THE BACKGROUND CHECK REQUIREMENTS. I WILL USE CALENDAR ON IPHONE TO INPUT ALL DUE DATES TO PREVENT ANY FUTURE LAPSES.
7.1.9.2	CG #2 COMPLETE THE FINGERPRINT	1-16-18	
	CG #2 COMPLETED THE e-CRIM	1-18-18	

Primary Caregiver's Signature: 

Print Name: KRISTINE MAY ANTBAGUE Date of Signature: 2-2-18