

Foster Family Home - Corrective Action Report

Provider ID: 1-585581

Home Name: Lucita Galano, CNA

86-182 Moelua Street

Waianae

HI 96792

Review ID: 1-585581-5

Reviewer: Sue Lo

Begin Date: 2/20/2018

End Date: 2/22/2018

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 3/20/2018.

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;


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

Comment:

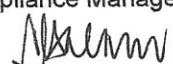
7.1.(a)(1)(2):

Lapsed on eCrime due on/before 1/9/18 was done on 1/11/18 for HHM#2.

Lapsed on Adult Protective Services/Child Abuse Neglect (APS/CAN) due on/before 1/13/17 was done on 1/15/17 for HHM#2 and due on/before 7/21/17 was done on 7/25/17 for CG#2.



Compliance Manager



Primary Care Giver

2/20/2018
Date

2/20/2018
Date

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

CCFFH Name: LUCITA B. GALANO

CCFFH Address: 86-182 MOELUA ST. WAIANAE HI. 96792

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a) (1)(2)	I can not do anything about lapse.	2/21/18	I understand background check requirements and I will use a calendar to mark all the due dates before the requirements expired. I posted the calendar on my refrigerator & checked twice a month.

Primary Caregiver's Signature: LUCITA B. GALANO

Print Name: Lucita B. Galano

Date of Signature: 2/21/18