

Foster Family Home - Corrective Action Report

Provider ID: 1-560707

Home Name: Merl Cabradilla, NA

Review ID: 1-560707-4

92-330 Akaula Street

Reviewer: Carrie Wakai

Kapolei HI 96707

Begin Date: 2/2/2018

End Date: 3/05/2018

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 2 client CCFH recertification survey. A Corrective Action Report was issued during the visit with a written plan of correction due to CTA by 2/16/18.

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

7.1.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

7.1(a)(1) & 7.1(a)(2)-APS/CAN/Fingerprinting lapsed for CG#1, due on or before 2/9/17 and done 11/30/17. Also, CG#3 was due on or before 3/4/17 and was done 6/10/17.

7.1(c)-2015 E-crim for CG#1 and CG#3 not present in the home's record.

Carrie Wakai RW
Compliance Manager


Primary Care Giver

2/2/18
Date

2/2/18
Date

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

CCFFH Name: Mert Pambid Cabradilla
 CCFFH Address: 92-330 Akaula St. Kapolei HI 96707

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.a1 7.1.a.2	Lapse can't be corrected CG # 1	3/5/18	Understand that the background check requirements. Will use calendar on my cellphone to input all due dates to prevent future lapses
7.1.c	unable to locate 2015 EXH'm copy for CG #1 & #3	3/5/18	Understand the importance not to delete any copies, make sure to keep on the chart.

Primary Caregiver's Signature: 

Print Name: MERT PAMBID CABRADILLA Date of Signature: 3/5/18