

Foster Family Home - Corrective Action Report

Provider ID: 1-110010

Home Name: Lyma Rose Acosta, CNA

Review ID: 1-110010-6

94-293 Hiwahiwa Place

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 1/17/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFH recertification review made on 1/17/2019. Corrective Action Report issued during home visit with all items due to CTA by 1/31/2019.


6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - ecrim lapsed for CG#3: was due on/before 1/15/2017, done on 3/13/2017.



Compliance Manager



Primary Care Giver

1/17/19

Date

1/17/19

Date

