

# Foster Family Home - Corrective Action Report

Provider ID: 1-180012

Home Name: Nerissa Dela Cruz, CNA

Review ID: 1-180012-2

94-473 Kalukalu Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 1/30/2019

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

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

Comment:

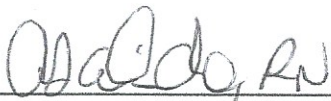
Home inspection for a 2 person CCFFH recertification made on 1/30/2019. PCG requesting to increase to a 3 bed CCFFH. Corrective Action Report issued during home inspection with all items due to CTA by 2/11/2019.  
6.(d)(1) - see applicable sections of the review

## 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 6/24/2018, done on 8/24/2018.

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

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

1/30/19  
Date

1/30/19  
Date

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

CCFFH Name: **NERISSA DELA CRUZ**

CCFFH Address: **94-473 Kalukalu Street Waipahu HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8. (a)(1)	Lapsed cannot be corrected done on 8/24/2018 and put it home binder	8/24/2018	Secure a calendar reminder for future references. I will buy a post it wall calendar where I can easily see 30 days before paperworks due, so I have enough time to check and obtain a copy before paperworks going to lapsed and will make the job done smoothly.

Primary Caregiver's Signature: 

Print Name: NERISSA DELA CRUZ

Date of Signature: 02/12/2019