

# Foster Family Home - Corrective Action Report

Provider ID: 1-140070

Home Name: Rosalina Basug, CNA

Review ID: 1-140070-6

520 Kulla Street

Reviewer: David Ayling

Wahiawa

HI 96786

Begin Date: 5/13/2019

## 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 5/13/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/13/19.

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

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

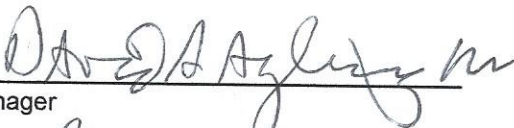
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

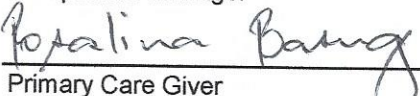
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) - No current eCrim for CG #1. Expired on 4/21/19.

8.(a)(2) - No current APS/CAN for CG #1 and CG #5. Expired on 6/9/18 for CG #1 and 4/26/19 for CG #5.

  
Compliance Manager

  
Primary Care Giver

5/13/19  
Date

5/13/19  
Date

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

CCFFH Name: Rosalina Basug

CCFFH Address: 520 Kulia St., Wahiawa, HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)(2)	I have recd a current APS/CAN from CG #1 and CG #5 and a current e Crim from CG #1. I placed them in my CCFFH binder.	6/30/19	I have written a list with the expiration dates for APS/CAN and criminal history for all CG's. I put the list in the front of my CCFFH binder. I will review every month.

Primary Caregiver's Signature: Rosalina Basug

Print Name: Rosalina Basug

Date of Signature: 6-30-19