

# Foster Family Home - Corrective Action Report

Provider ID: 1-560319

Home Name: Leila Stringer, NA

94-332 Pauwala Place

Mililani

HI 96789

Review ID: 1-560319-7

Reviewer: Maribel Nakamine

Begin Date: 6/25/2020

## Foster Family Home

## Required Certificate

[11-800-6]

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

Comment:

Annual visit to a 2 person CCFFH completed.

Corrective Action Report issued during home visit with all items due to CTA by 7/26/2020.

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), (2)- HHM#4 turned 18 years old on 1/25/2020 was without APS/CAN/Fingerprinting result in home binder.

*Maribel Nakamine, RN*

Compliance Manager

*6/26/2020*

Date

*[Signature]*

Primary Care Giver

*6/26/2020*

Date

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Leila Stringer

*(PLEASE PRINT)*

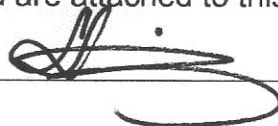
CCFFH Address: 94-332 Pauwala Place, Mililani, HI. 96789

*(PLEASE PRINT)*

Rule number	Corrective action taken – how was each issue fixed for each violation?	Date each violation was fixed	Prevention strategy – how will you prevent each violation from happening again in the future?
8.(a) (1), (2)	HHM #4 obtained a current APS/CAN/Fingerprinting (Ecrim). Results were filed in home binder.	7/10/20	Home will use an iPhone calendar to schedule due dates 2-3 months in advance to prevent Further lapses.

All items that were fixed are attached to this CAP?

PCG's Signature: \_\_\_\_\_



Date: July 16, 2020

CTA has reviewed all corrective items