

Foster Family Home - Corrective Action Report

Provider ID: 1-559099

Home Name: Janeth Dulig, CNA

Review ID: 1-559099-7

45-626 Halelo Place

Reviewer: Julie Hastings

Kaneohe HI 96744

Begin Date: 7/21/2020

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

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

Comment:

6.(d)(1)- Home inspection completed for a 2 person CCFFH recertification. PCG requesting to decrease from a 3 bed home to a 2 bed home.


Corrective Action Report issued during home inspection with all written corrections due to CTA by 7/21/2020
7/21/2020- Written corrections received and accepted.

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


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

Comment:


8.(a)(2)
CG#2, #3 and #4 APS/CAN lapsed. Was due Jan-Feb of 2018 was completed 4/1/2020.



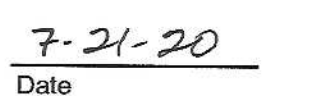
Compliance Manager



Primary Care Giver



Date



Date

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

CCFFH Name: JANETH DULIG

CCFFH Address:

~~JANETH DULIG~~ ^{JD} 45-626 HALELO PL KANELOHE, HI. 96744

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8A2	LAPSE CAN'T BE CORRECTED	7-21-20	PUT IN THE CALENDAR. 2 MONTH BEFORE EXPIRATION.

Primary Caregiver's Signature: Janeth Dulig

Print Name: JANETH DULIG

Date of Signature: 7-21-20