

# Foster Family Home - Corrective Action Report

Provider ID: 1-140004

Home Name: Jesusa Alcantara, CNA

Review ID: 1-140004-7

94-1010 Eleu Street

Reviewer: Pamela Perry

Waipahu HI 96797

Begin Date: 6/24/2020

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

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

Comment:


6.(d)(1)- Unannounced Home visit on 6/25/20 for a 3 bed CCFFH Recertification Inspection. Home issued a Corrective Action Plan during visit with all items due back to CTA by 7/25/20. Home will receive a 3 bed certification.

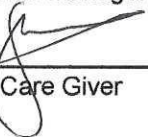
## Foster Family Home Background Checks [11-800-8]

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

Comment:

8.(a)(1)- HHM#4 No eCrim done.

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

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

6/25/20  
Date

6/25/20  
Date

CTA RN Compliance Manager: Pam Perry

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

PCG's Name on CCFFH Certificate: Jesusa Alcantara  
(PLEASE PRINT)

CCFFH Address: 94-1010 Eleu St Waipahu Hi 96797  
(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)	Did Ecrim online and obtained result on the same day.	6/25/'20	It was an unknowingly a violation due to fingerprinting establishment closures. Always have done fingerprinting in the past which contained everything.

All items that were fixed are attached to this CAP

PCG's Signature: Jesusa Alcantara Date: 6/25/202

CTA has reviewed all corrected items Bryon