

# Foster Family Home - Corrective Action Report

Provider ID: 1-628117

Home Name: Laura Dela Cruz, RN

Review ID: 1-628117-7

94-1078 Haalau Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 4/21/2020

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

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

Comment:

6.(d)(1) - Annual Home inspection for a 2 person CCFFH. Corrective Action Report issued during home inspection with all items due to CTA by 5/21/20.

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

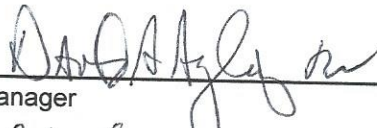
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

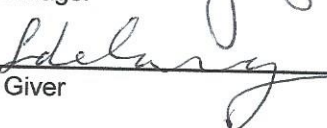
Comment:

8.(a)(1) - eCrim for CG #4 expired on 4/17/20.

8.(a)(2) - APS/CAN for CG #1 expired on 8/3/19.

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

4/21/2020  
Date

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

4/24/20  
Date

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

CCFFH Name: LAURA A. DELA CRUZ

CCFFH Address: 94-1078 HAALAU ST. WAIPAHU HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(A)(1)	I Received a current eCrim from CG #4 and put it in my CCFFH binder	4-23-20	I put the expiration dates for APS/CAN and eCrim for all CG's on my computer calendar. I set the reminder for 1 month before expiration
8(A)(2)	I showed a current APS/CAN from CG #1 to CTA and put in my CCFFH binder	4-23-20	

Primary Caregiver's Signature: *L. Delacruz*

Print Name: Laura dela cruz

Date of Signature: 4/24/20