

Foster Family Home - Corrective Action Report

Provider ID: 1-561177

Home Name: Emilio Andres, CNA

1935 Ulana Street

Honolulu HI 96819

Review ID: 1-561177-4

Reviewer: [REDACTED]

Begin Date: 8/14/2015

End Date: 9/12/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit for a 3 person recertification review made on 8/14/15. Corrective Action Report issued during home visit with all items due to CTA by 9/14/15.

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

Foster Family Home Background Checks [17-1454-7.1]

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

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

Comment:

7.1.(a)(1) - Second year Criminal History with fingerprints not done for HHM #3 and HHM #4.

7.1.(a)(2) - Second year (2014) APS/CAN not done until 2015 for CG #1, CG #2, CG #4, HHM #1, HHM #2, HHM #3, and HHM #4.

[REDACTED]
Compliance Manager

[Signature]
Primary Care Giver

8/14/15
Date

8/14/15
Date

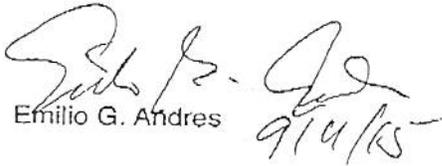
L-561177

Subject: Submitting corrective requirements

7.1. (a) (1) Sent CTA proof of current fingerprints for HHM #3 and #4 on 8/25/15.

7.1. (a) (2) Showed CTA proof of current (2015) APS/CAN for all CG's and HHM's on the day of recertification (8/14/15).

Plan to avoid expired requirements Date of expirations was listed in a record kept on the computer and the log book.


Emilio G. Andres 9/14/15