

Foster Family Home - Corrective Action Report

Provider ID: 1-510158

Home Name: Lolita Velasco, CNA

91-1028 Hamo'ula Street

Ewa Beach HI 96706

Review ID: 1-510158-2

Reviewer: [REDACTED]

Begin Date: 6/15/2015

End Date: 6/15/15

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 2 person recertification review made on 6/15/15.
Corrective Action Report issued during home visit with all items due to CTA by 7/15/15.

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

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

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)(2) - No second year (2014) APS/CAN for CG #1, CG #4, and HHM #1.

[REDACTED]

Compliance Manager

Lolita Velasco

Primary Care Giver

6/15/15
Date

6/15/15
Date

1-510158

7.1.(a)(2) - No second year (2014) APS/CAN for CG #1, CG #4, and HHM #1.

(1) Acquired APS/CAN for CG #1, CG #4 + Household #1
on April 2015

(2) I will review my records every month
for expiration date.

Julita Velasco

6/15/15