

# Foster Family Home - Corrective Action Report

Provider ID: 1-562860

Home Name: Rowena Caoili, CNA

99-307 Eke Place

Aiea HI 96701

Review ID: 1-562860-4

Reviewer: [REDACTED]

Begin Date: 8/14/2015

End Date: 9/2/15

## 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;

Comment:

7.1.(a)(1) - No current eCrim for CG #5. Last one done 4/10/13.

## Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) - No current TB clearance for CG #5. Last one is dated 2/21/2014.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety [17-1454-45] (3P)

45.(3P)(b)(6) shall include all SCGs at least once per year

Comment:

45.(3P)(b)(6) - all SCG's need to lead a fire drill at least once per year.

[REDACTED]  
Compliance Manager

*Yuan*  
Primary Care Giver

8/14/15  
Date

9/14/15  
Date

1-562860

9/2/15

FR: ROWENA CAOILI - CAREGIVER

7.1.(a)(1) - I'm SENDING CTA CG#5'S <sup>current</sup> eCrim on  
Sept. 02/2015.

41.(b)(7) - I'm SENDING CTA CG#5'S current TB  
Clearance.

I will place all items with expirations da  
on my computer calendar + on the front page of  
my CTA BINDER.

5, (3P)(b)(6) - I will schedule all SCG'S to lead  
fire drill at least once per year. This will  
be on my computer <sup>all</sup> calendar + fire drill  
log.

Juanita  
Sept. 02, 2015