

Foster Family Home - Corrective Action Report

Provider ID: 1-120040

Home Name: Archie James Antonio, NA

Review ID: 1-120040-5

1305 Nakuina Street

Reviewer:

Honolulu HI 96817

Begin Date: 2/10/2015

End Date: 3/10/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.(d)(1)

Review for recertification. ~~Deficiencies listed in separate sections.~~ CAP written with closing date of 3/10/15. ~~PCG has two caregivers who's paperwork he did not show to Compliance Manager, until they were found linked online.~~ One year certification only.

EG#1 did not provide SCA paperwork for two SCAs until server found the SCAs linked to home on 1/2.

[Redacted Signature]

Compliance Manager

[Redacted Signature]
Primary Care Giver

3/19/15
Date

03/20/15
Date