

Foster Family Home - Corrective Action Report

Provider ID: 1-509945

Home Name: Alma Acasio, CNA

108 Kaniko Place

Wahiawa HI 96786

Review ID: 1-509945-3

Reviewer:

Begin Date: 6/16/2015

End Date: 7/02/15

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 6/16/15.
Corrective Action Report issued during home visit with a written plan of correction due to CTA by 7/16/15.

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

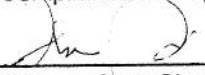
Foster Family Home Background Checks [17-1454-7.1]

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

Comment:

7.1.(a)(1) HHM#2 no current certified E-crim.

Compliance Manager



Primary Care Giver

6/16/15
Date

6-16-15
Date

Substantive Certificate

1) 7.1.(a)(1) HHM#2 certified e-crim completed
6-18-2015

2) Will double check e-crim when ordered
to make sure certified.

Thank you!

Adam C. Accardo

TO:

Compliance Manager
ETA