

Foster Family Home - Corrective Action Report

Provider ID: 1-517477

Home Name: Corazon Sales, LPN

94-1097 Lumina Street

Walpahu HI 96797

Review ID: 1-517477-4

Reviewer:

Begin Date: 7/24/2015

End Date: 7/27/15

Foster Family Home Required Certificate [17-1454-8]

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

Comment:

recertification visit for 3 client home on 07/24/15. Items listed in corrective action plan due by 08/24/15. See applicable sections 6.(d)(1)

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) CG#1 APS/CAN due on or before 03/13/14 completed 02/12/15. CG#2 APS/CAN due on or before 03/13/14 completed 02/12/15. CG#3 APS/CAN due on or before 03/13/14 completed 02/06/15. CG#4 APS/CAN due on or before 03/13/14 completed 02/16/15. CG#6 APS/CAN due on or before 03/13/14 completed 02/12/15

RECEIVED
JUL 27 2015
BY: [Signature] FAX

[Signature]
Compliance Manager
[Signature]
Primary Care Giver

7/24/15
Date
07-24-2015
Date

LORAZON SALES
July 24, 2015

Corrective Action Plan

7.1(a)(2)

CA# 1, 2, 3, 4, 6,

I obtained year 2015, be sure I marked
on my calendar.

Lorazon Yu Sales
July 24, 2015