

# Foster Family Home - Corrective Action Report

Provider ID: 5-510819

Home Name: Elisa Suniga, CNA

Review ID: 5-510819-6

6632 Kuhoho Street

Reviewer:

Kapaa HI 96746

Begin Date: 7/22/2015

End Date: 7/23/15

## 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 7/22/15.  
Corrective Action Report issued during home visit with all items due to CTA by 8/22/15.

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 #1 and HHM #1.

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

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

Comment:

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

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

7/22/15  
\_\_\_\_\_  
Date

7/22/15  
\_\_\_\_\_  
Date

To CTA, compliance manager,

7-1 (a)(1) - Send CTA 2 crim's for CG, and  
HMM#, on 7/23/15.

AS. (3P) b1(6) - Made a schedule of monthly

fire drills for 1 year with all  
CS's (SCA) leading at least  
1 fire drill per year.

- Made a list for expiration dates and  
put on my calendar.

Respectfully yours

  
ELISA R. SUNIG

7/23/15