

Foster Family Home - Corrective Action Report

Provider ID: 1-616154

Home Name: Felice Guillermo, CNA

Review ID: 1-616154-4

94-719 Kalae Street

Reviewer: -

Waipahu HI 96797

Begin Date: 4/14/2015

End Date: 5/8/15

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 4/14/15.
Corrective Action Report issued during home visit with all items due to CTA by 5/14/15.

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

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) - No 2nd year APS/CAN present for CG #1, CG #2 and CG 3#.

Compliance Manager

Primary Care Giver

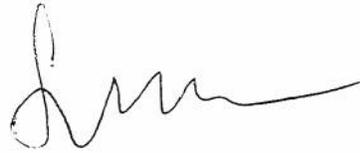
Date

Date

7.1.(a)(2) - No 2nd year APS/CAN present for CG #1, CG #2 and CG 3#.

1) SENT CTA APS/CAN FOR ALL GG'S ON
5/7/15.

2) WILL PUT ON CALENDAR ALL ITEMS
WITH EXPIRATION DATES.

A handwritten signature in black ink, appearing to be 'Jm' or similar, written in a cursive style.

5/8/15