

Foster Family Home - Corrective Action Report

Provider ID: 1-618811

Home Name: Francisco Redona, CNA

Review ID: 1-618811-3

91-1017 A Keokolo Street

Reviewer:

Kapolei HI 96707

Begin Date: 5/20/2015

End Date: 5/21/15

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 5/20/15.
Corrective Action Report issued during home visit with all items due to CTA by 6/20/15.

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 second year (2014) APS/CAN done for CG #1 and CG #5. Done this year, 2015.

Compliance Manager

Primary Care Giver

Date

Date

7.1.(a)(2) - No second year (2014) APS/CAN done for CG #1 and CG #5. Done this year, 2015.

Sent CTA APS CAN for caregiver #1 & 5
on 05/21/2015.

I'm gonna monitor place on expectation dates
on paper to keep track and place in my binder.

Don Redman 05/21/2015

Compliance Manager

Date

Primary Care Giver

Date