

Foster Family Home - Corrective Action Report

Provider ID: 1-511099

Home Name: Imelda Viernes, CNA

Review ID: 1-511099-3

94-583 Apii Place

Reviewer:

Waipahu HI 96797

Begin Date: 7/13/2015

End Date: 8/11/15

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 7/13/15.
Corrective Action Report issued during home visit with a written plan of correction due to CTA by 8/13/15.
All items received by primary caregiver on 08/11/2105 for corrective action plan
6.(d)(1) - see applicable sections of the review

Foster Family Home Insurance Requirements [17-1454-49]

49.(a)(1) General;

Comment:

49.(a)(1)CG#5 no liability insurance



Compliance Manager

Imelda Viernes

Primary Care Giver

8/11/15

Date

8/11/2015

Date

49(a)(1) General Liability Ins.

49(a)(1) CG#5 No Liability Ins.

In order to prevent this happen again I will add my SCG on my Liability Insurance before sending all the documents to CTA to get approved as my Secondary caregiver.

Thank you so much for your kind & consideration.

Respectfully yours,

Imelda L. Viernes
(Primary caregiver)