

Foster Family Home - Corrective Action Report

Provider ID: 1-090067

Home Name: Julien Vergara, CNA

Review ID: 1-090067-9

45-138 D William Henry Road

Reviewer:

Kaneohe HI 96744

Begin Date: 8/3/2015

End Date: 9/2/15

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 8/3/15. Corrective Action Report issued during home visit with all items due to CTA by 9/3/15.

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;

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)(1),(2) - No current APS/CAN/Fingerprints for CG #1, CG #2, and CG #3.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(5) - No proof of current Auto insurance for CG #1 and CG #3.

Primary Care Giver

8/3/15
Date

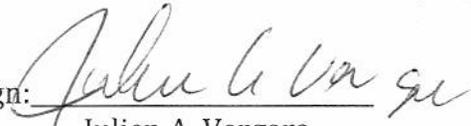
8/3/15
Date

September 3, 2015

7.1 (a)(1)(2). Sent thru email CTA APS/CAN/ Finger prints for CG#1, CG#2 and CG#3 on 8/15/2015.

4.1(b) (5)- Sent thru email copy of current auto insurance on 8/15/15.

I have put a list of all items with expiration dates (cpr, auto insurance, BBP, APS,/CAN in front of my binder and my computer calendar. Enclosed are all my Tenants Fieldprint APS/CAN/Finger prints , including

Sign: 
Julien A. Vergara