

# Foster Family Home - Corrective Action Report

Provider ID: 5-130040

Home Name: Jesusa Sebastian, CNA

Review ID: 5-130040-3

4306 Aikepa Street

Reviewer:

Lihue HI 96766

Begin Date: 7/23/2015

End Date: 7/24/15

## 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 2 person recertification review made on 7/23/15.

Corrective Action Report issued during home visit with all items due to CTA by 8/23/15.

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), 7.1.(a)(2) - APS/CAN/FP done on 7/17/14 for all CG's and HHM were not done 1 year later (2013 APS/CAN/FP were done on 6/18/13).

Jesusa Sebastian  
Compliance Manager

Jesusa Sebastian  
Primary Care Giver

7/23/15  
Date

7/23/15  
Date

7/24/15

7.1. (a) (1) + (2) - I have learned the regulations regarding the date to do APS/CAN & fingerprinting (now eCrim).

I will place APS/CAN and eCrim expiration dates along with all other expiration dates (CPR, TB, ...) on my phone calendar

pp/24/15  
7/24/15