

Foster Family Home - Corrective Action Report

Provider ID: 1-624636

Home Name: Leslie Pascual, CNA

Review ID: 1-624636-3

91-929 Pailani Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 5/13/2015

End Date: 3/26/2015

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home visit made on 5/13/2015 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/13/2015.

6 (d)(1) see applicable sections of this review.

Foster Family Home Records [17-1454-52]

52.(a)(3) A list of applicable community resources.

Comment:

52.(a)(3) The home did not have a list of applicable community resources book

Compliance Manager

L Pascual

Primary Care Giver

5/13/2015

Date

5/13/2015


Date

Community Ties of America
45-955 Kamehameha Hwy. Suite 300
Kaneohe, HI 96744

May 20, 2015

To whom this may concern:

17-1454-52-(a)(3) The home could not locate copies of resource book during home recertification visit. The home has now obtained copies of a resource book for the current certificate period and this will not happen again.


Leslie Pascual / 05-20-15

91-929 Pailani St

Ewa Beach, HI 96706

RECEIVED
BY: 