

# Foster Family Home - Corrective Action Report

Provider ID: 1-576952

Home Name: Marites Edades, CNA

Review ID: 1-576952-4

3443 Likini Street

Reviewer:

Honolulu HI 96818

Begin Date: 5/20/2015

End Date: 5/22/15

## 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)(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) - No current eCrim for CG #1, #4, and HHM #1.  
7.1.(a)(2) - No second year (2014) APS/CAN for CG #1, #4, and HHM #1.

\_\_\_\_\_  
Compliance Manager

*Marites Edades*  
\_\_\_\_\_  
Primary Care Giver

*Pr*  
\_\_\_\_\_  
Date

*5/20/15*  
\_\_\_\_\_  
Date

7.1.(a)(1) - No current eCrim for CG #1, #4, and HHM #1.

7.1.(a)(2) - No second year (2014) APS/CAN for CG #1, #4, and HHM #1.

- 1) Send CTA ecrims + APS/CAN for CG #1, #2, and HHM on 5/22/15
- 2) I will place all items with expiration dates (CPR, BBP, AP-CAN, ecrim, PA) on my calendar.

Manfred Y. Edwards  
Congress  
5/22/2015