

# Foster Family Home - Corrective Action Report

Provider ID: 1-617540  
Home Name: Archie Redor, RN      Review ID: 1-617540-3  
91-101 Ana Way      Reviewer:  
Ewa Beach HI 96706      Begin Date: 1/5/2016      End Date: 1/6/16

## 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 1/5/15. Corrective Action Report issued during home visit with all items due to CTA by 2/5/16.

6.(d)(1) - see applicable sections of the review

## Foster Family Home      Background Checks      [17-1454-7.1]

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)(2) [REDACTED]

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

Comment:

41.(b)(4) - No disclosure form present for [REDACTED]

[REDACTED]  
\_\_\_\_\_  
Compliance Manager  
Archie Redor  
\_\_\_\_\_  
Primary Care Giver

1/5/16  
\_\_\_\_\_  
Date  
1/5/16  
\_\_\_\_\_  
Date

7. (g)(2) Showed CFA a Current APS/Com  
[REDACTED] on day of  
recertification.

4. (b)(4) Sent CFA a Current Disclosure  
form for [REDACTED] on 1/6/16

I have made a list of the Items  
to expiration dates and placed  
in the front on my CFA binder  
I will review monthly

1/6/16

Archie Redor CG