

Foster Family Home - Corrective Action Report

Provider ID: 1-615263

Home Name: Arlene Agpalza, CNA

Review ID: 1-615263-2

3554 Likini Street

Reviewer:

Honolulu HI 96818

Begin Date: 6/2/2015

End Date: 6/2/15

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 6/2/15.
Corrective Action Report issued during home visit with all items due to CTA by 7/2/15.

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) - No second year (2014) APS/CAN for HHM #1.

Compliance Manager

Arlene Agpalza

Primary Care Giver

Date

6/2/15

Date

6/2/15

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

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Comment:

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1) Showed [redacted] 2015 [redacted] / CAN for [redacted] # 1
on 6/2/15.

2) I will put all items with expiration date
on my calendar

Compliance Manager

Arlene Agpalza

Primary Care Giver

Date

6/2/15

Date