

Foster Family Home - Corrective Action Report

Provider ID: 1-559031

Home Name: Antonia Arellano, CNA

Review ID: 1-559031-4

1339 Naulu Place

Reviewer:

Honolulu HI 96818

Begin Date: 5/18/2015

End Date: 5/19/15

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 5/18/15.
Corrective Action Report issued during home visit with all items due to CTA by 6/18/15.

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

Items received on . Home is in compliance with all requirements. Home will receive a 1 year 2 bed certification.

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 done until 2015 for CG #1, CG #2, and CG #4.

sent CTA APS-CAN for CG number 1, 2 & 4
on 5/19/2015

I will place all items w/ expiration dates
on my ipad.

Arellano 5/19/2015



Compliance Manager

Date

Primary Care Giver

Date