

Foster Family Home - Corrective Action Report

Provider ID: 2-140001

Home Name: Arccie Weaver, CNA

424 Iloko Street

Hilo HI 96720

Review ID: 2-140001-3

Reviewer:

Begin Date: 2/3/2015

End Date:

2/4/15

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

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

Comment:

Home visit made on 2/3/15 to survey for recertification. Adult household member in compliance on day of review. Home not in compliance on day of review. All out of compliance items will be listed in the appropriate section of this document. All out of compliance documentation to be sent to CTA within two weeks of this review. Documentation for out of compliance items received within 2 weeks of review. Home will be recertified for one year for two clients.

Foster Family Home Fiscal Requirements [17-1454-49.1]

49.1.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

49.1.(b) No documentation for monthly budget. Documentation received.

[Redacted Signature]

Compliance Manager

2/3/2015

Date

Primary Care Giver

Date

Community Ties of America, Inc.
45-955 Kamehameha Hwy. Suite 309
Kaneohe HI 96744

February 4, 2015

Dear Carol.

49.1 (b) Monthly Budget. It wasn't done because I don't know how to do it. Now I know how to do I will keep in mind and record so that it will not be happen again in the future.

Thank you for considering this matter.

Respectfully Yours,
Amey 2/4/15
ARCELIE WEAVER
PCB