

Foster Family Home - Corrective Action Report

Provider ID: 1-576209

Home Name: Emily Justo, CNA

Review ID: 1-576209-3

94-456 Loaa Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/16/2015

End Date: 6/17/15

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 6/16/15.
Corrective Action Report issued during home visit with all items due to CTA by 7/16/15.

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;

Comment:

7.1.(a)(1) - No current eCrim for CG #1, CG #2, and CG #3.

06/17/2015

1. I send eCrim result for the following Caregiver.

- PCG
- SCG
- SCG

I now understand the rule for eCrime (every 2 yrs) . I will place all item with expiration date on my iphone calendar to remind me.


Emily Justo



Primary Care Giver

6/16/15
Date
6/16/15
Date