

# Foster Family Home - Corrective Action Report

Provider ID: 4-100104

Home Name: Encarnacion Mendez, CNA

Review ID: 4-100104-5

322 South Lehua Street

Reviewer:

Kahului HI 96732

Begin Date: 12/14/2015

End Date: 1/1/16

## 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 3 person recertification review made on 12/14/15. Corrective Action Report issued during home visit with all items due to CTA by 1/14/16.

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

7.1.(e) The results of a background check made pursuant to section (a) above shall be exempt from consideration by the department if an exemption has been granted by the department of human services. Requests for exemptions must be:

Comment:

7.1.(a)(2) - [REDACTED]

7.1.(e) - [REDACTED]

[REDACTED]  
\_\_\_\_\_  
Compliance Manager

[REDACTED]  
\_\_\_\_\_  
Primary Care Giver

12/14/15  
\_\_\_\_\_  
Date

12/14/15  
\_\_\_\_\_  
Date

Encarnacion D. Mendez  
Mendez Foster Community Care Home  
322 S. Lehua St. Kahului Hi 96732



January 1, 2016

To :



Dear

This in response to my Corrective Action Report as follows ;

7.1. [a] [2] - [REDACTED] I have  
put the expiration dates for all caregivers on my calendar

7.1.[e] - [REDACTED] I will send to  
CIA when I receive them from fieldprints. [REDACTED]

Very truly yours,

 1/1/2016  
Encarnacion D. Mendez

