

# Foster Family Home - Corrective Action Report

Provider ID: 1-090062

Home Name: Editha Soria, CNA

Review ID: 1-090062-5

98-874 Kaamilo Street

Reviewer: [REDACTED]

Aiea H 96782

Begin Date: 1/6/2015

End Date: 1/21/15

## 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 1/6/15.  
Corrective Action Report issued during home visit with all items due to CTA by 2/6/15.

## 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)(2) - CG #1, CG #3, and CG #4 need 2nd year APS/CAN.  
CG #2 needs proof of 2013 APS/CAN.

## 3 Person Fire Safety, 3 Person Fire Safety [17-1454-45] (3P) Natural Disaster

45.(3P)(b)(6) shall include all SCGs at least once per year

Comment:

45.(3P)(b)(6) - All CG's need to lead a fire drill at least once a year.

[REDACTED]  
Compliance Manager

[Signature]  
Primary Care Giver

1/6/15  
Date

1-6-15  
Date

7.1.(a)(2) - SEND ETA PROOF OF CURRENT APPLICAN FOR ALL CG'S

45 (3PMBK61) - ALL CG'S WILL LEAD A FIVE DOLL AT LEAST ONCE A YEAR

WILL LIST ALL ADMINSITRATIVE FUNCTIONS AND EXPIRATION DATES ON MY CALENDAR

  
1/1/92