Foster Family Home - Corrective Action Report

Provider ID:

1-511148

Home Name:

Florencio Sandi, CNA

Review ID:

1-511148-2

1749 Nalani Street

Reviewer:

Honolulu

HI 96819

Begin Date:

5/5/2015

End Date:

5/5/2015

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 2 person recertification review made on 5/5/15. Corrective Action Report issued during home visit with all items due to CTA by 6/5/15.

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 2nd year APS/CAN done in 2014 for CG #1, #2, #3, and #4.

Compliance wantee

5/5/15 Date

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Foster Family Home - Corrective Action Report

Provider ID:	1-511148					
Home Name:	Florencio	Sand	i, CNA	Review ID:	1-511148-2	2
1749 Nalani Stre	et			Reviewer:		
Honolulu		HI	96819	Begin Date:	5/5/2015	End Date:
						117 117 107
Foster Family	Home	Re	equired Certificate	9		[17-1454-6]
6.(d)(1) Comment:	Comply	with a	III applicable requirer	ments in this cha	pter, and	
Home visit for a 2 person recertification review made on 5/5/15. Corrective Action Report issued during home visit with all items due to CTA by 6/5/15.						
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	В	ackground Check	s		[17-1454-7.1]
7.1.(a)(2) Comment:	Be subj	ect to	adult protective servi	ice perpetrator o	hecks if the	individual has direct contact with a client; and
7.1.(a)(2) - No	2nd year A	PS/C	CAN done in 2014 f	for CG #1, #2,	#3, and #4.	e
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	Prima	ary C	are Giver			Date
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