

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 Manager

Primary Care Giver

5/5/15
Date
5/5/15
Date

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APS/CAN DONE IN APRIL 2015

I WILL PLACE ALL ITEMS WITH EXPIRATION
DATES ON MY MAC BOOK

 / 5/5/15



Compliance Mahager

Date

5/5/15

Primary Care Giver

Date