Foster Family Home - Corrective Action Report

Provider ID:

1-120042

Home Name:

Herbert Sales, NA

Review ID:

1-120042-3

94-1112 Lumikula Street

Reviewer:

Waipahu

HI 96797 Begin Date:

6/9/2015

End Date: 6 (10 | 1)

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 6/9/15.

Corrective Action Report issued during home visit with all items due to CTA by 7/9/15.

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

Comment:

7.1.(a)(2) - No second year (2014) APS/CAN for CG #1, CG #2, and CG #3.

Compliance Manager

Foster Family Home - Corrective Action Report

Review ID:

1-120042-3

1-120042

Provider ID:

Home Name: Herbert Sales, NA		Review ID:	1-120042-3		
94-1112 Lumikula Stre	eet	Reviewer:		End Date: 6/10/15	
Waipahu	HI 96797	Begin Date:	6/9/2015	End Date. G 101	
Foster Family Hom			(1 55 .)	7-1454-6]	
6.(d)(1) C	omply with all applicable requ	uirements in this ch	apter; and		
Home visit for a 2 po Corrective Action R	erson recertification review eport issued during home	v made on 6/9/15 visit with all items	s due to CTA by	y 7/9/15.	
6.(d)(1) - see applic	able sections of the review	V			
Foster Family Home Background Chec			[17-1454-7.1]		
Comment:	se subject to adult protective and year (2014) APS/CAN			ividual has direct contact with a	a client; and
17 Send	CTA APS/CAN	for CG+	\$1. CG#2	2, and CG#3 on	6/10/15
				(CPR, FA, TB	
~ (asiii	place all flore		1/11	-1 262 /	de la
on my computer's calendar. About the Salest 6/10/15					
	8				
	Compliance Manager			Date	
				22 of Novi 2 territoria - 142 - 142	
	Primary Care Giver			Date	
Page 1 of 1					6/9/2015 19:52 PM