

Foster Family Home - Corrective Action Report

Provider ID: 1-120042

Home Name: Herbert Sales, NA

94-1112 Lumikula Street

Waipahu

HI 96797

Review ID: 1-120042-3

Reviewer: [REDACTED]

Begin Date: 6/9/2015

End Date:

6/10/15

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 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.

[REDACTED]

Compliance Manager

Herbert Sales

Primary Care Giver

RW

Date

6/9/15

Date

6/9/15

Foster Family Home - Corrective Action Report

Provider ID: 1-120042

Home Name: Herbert Sales, NA

94-1112 Lumikula Street

Waipahu HI 96797

Review ID: 1-120042-3

Reviewer: _____

Begin Date: 6/9/2015

End Date: 6/10/15

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 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.

- 1) Send CTA APS/CAN for CG#1, CG#2, and CG#3 on 6/10/15
 - 2) I will place all items i see expiration date (CPR, FA, TB APS/CAN) on my computer's calendar.
- Herbert J. Sales 6/10/15*

Compliance Manager

Date

Primary Care Giver

Date