

Foster Family Home - Corrective Action Report

Provider ID: 1-100015

Home Name: John Ignacio, NA

91-1011 Kumimi Street

Ewa Beach HI 96706

Review ID: 1-100015-4

Reviewer

Begin Date 10/28/2015

End Date 12/12/15

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 10/28/15. Corrective Action Report issued during home visit with all items due to CTA by 11/28/15

6.(d)(1) - see applicable sections of the review

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.

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)(1),(2) - No current APS/CAN and Criminal history with fingerprints for [REDACTED]

Compliance Manager

Primary Care

10/28/15

Date

Date

7.1.(a)(1)(2) - Send CTA current APS/CAN &
Fingerprints For [REDACTED] on 12/10/15.

I have placed APS/CAN Expiration Dates
Fingerprints Expiration Dates on my calendar.
and will Review Weekly.

J. J. J. J.
12/12/15