

Foster Family Home - Corrective Action Report

Provider ID: 1-100022
Home Name: Jovita Cordino, CNA
 1659 Ala Napuanani Street
 Honolulu HI 96818
Review ID: 1-100022-4
Reviewer: [Redacted]
Begin Date: 1/7/2015 **End Date:** 1/18/15

Foster Family Home Required Certificate [17-1454-8]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) see applicable sections of this review

Home visit made for 2 bad recertification on 1/7/15. Corrective action report issued during visit with items due to CTA by 2/8/15. CAP requirements met on 1/18/15.

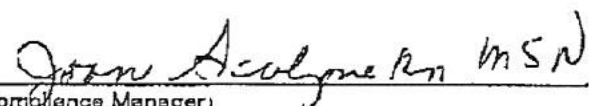
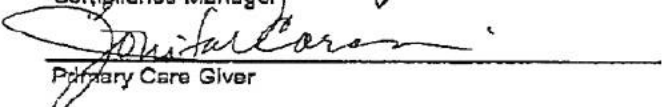
Foster Family Home Background Checks [17-1454-7.1]

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) 2014 APS/CAN missing for CG's 1,2,4, & 5. Initial ones done in 2013.

We ordered a new APS/CAN for all caregivers the day of review. These were submitted to CTA with results of green light. We understand that we can now go back to the every other year requirement for APS/CAN forever now on and will redo this on schedule.


 Compliance Manager

 Primary Care Giver

1/7/15
 Date
 2/27/15
 Date