

Foster Family Home - Corrective Action Report

Provider ID: 1-561078

Home Name: Louie Bernardo, CNA

Review ID: 1-561078-2

3423 Likini Street

Reviewer:

Honolulu HI 96818

Begin Date: 6/2/2015

End Date:

6/8/15

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 6/2/15.

Corrective Action Report issued during home visit with all items due to CTA by 7/2/15.

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 2nd year (2014) APS/CAN for CG #1 and CG #2.

Foster Family Home Records

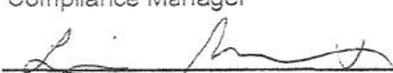
[17-1454-52]

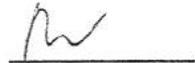
52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5) - medication for client #1 medication [REDACTED] MAR and Physician order for [REDACTED]


Compliance Manager


Primary Care Giver


Date

6/2/15
Date