

Foster Family Home - Corrective Action Report

Provider ID: 1-527252

Home Name: Marietta Faustorilla

Review ID: 1-527252-2

94-921 Kuhaulua Street

Reviewer:

Waipahu HI 96797

Begin Date: 7/28/2015

End Date: 8/3/15

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 7/28/15.

Corrective Action Report issued during home visit with all items due to CTA by 8/28/15.

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/FP for CG #3 and CG #4.



Compliance Manager

Primary Care Giver

Date

Date



(1) 7.1.(a) 10 and (2) Send CTA a copy of the APS/CAM + fingerprint for CG # 3 and CG # 4 on 8/3/15

(2) I have put all item's & expiration dates (CPR, BBP, APS/CAM) on my computer. calendar.

M. Faust area 8/3/15