

Foster Family Home - Corrective Action Report

Provider ID: 1-090124

Home Name: Marites Fiesta, CNA

Review ID: 1-090124-4

94-1260 A Peke Place

Reviewer:

Waipahu

HI 96797

Begin Date: 10/23/2015

End Date: 12/14/15

Foster Family Home Required Certificate [17-1464-6]

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

Comment:

Home visit for a 3 person recertification review made on 10/23/15. Corrective Action Report issued during home visit with all items due to CTA by 11/23/15.

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

Foster Family Home Background Checks [17-1464-7.1]

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) - Second APS/CAN not done in 2014 for CG #1 and #2. Year 1 done on 1/12/13 and year 2 done on 12/31/14. CG #3 and HHM #1 need a current APS/CAN.

Compliance Manager

Marites Fiesta

Primary Care Giver

10/23/15
Date

10/23/15
Date

November 30, 2015

To whom it may concern:

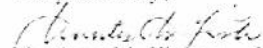
This is in response to the Corrective Action Report during the CTA Recertification visit done by _____ on October 23, 2015.

- 7.1(9)(2) - Showed CTA Current APS/CAN for CG#1 and CG#2 on the day of recertification. I now understand the 2 years in a row rule for APS/CAN.

-Attached is the current APS/CAN for CG#3 and HHM #1.

-Have made a list of all items with expiration dates and put in my apple IMAC calendar as a reminder.

Respectfully,



Marites M. Fiesta - 12/14/15