

Foster Family Home - Corrective Action Report

Provider ID: 1-560492

Home Name: Rosana Perucho, CNA

Review ID: 1-560492-3

99-814 Nahiolea Street

Reviewer:

Aiea HI 96701

Begin Date: 5/6/2015

End Date:

5/6/2015

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 5/6/15.
Corrective Action Report issued during home visit with all items due to CTA by 6/6/15.

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

Items received on . Home is in compliance with all requirements. Home will receive a 1 year 2 bed certification.

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) - No current eCrim for CG #1, CG #2, and HHM #1.

7.1.(a)(2) - Second year (2014) APS/CAN check not done until 2015 for CG #1, CG #2, and HHM #1.



Compliance Manager

Primary Care Giver

Date

Date

5/6/15

5/6/15

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Comment:

7.1.(a)(1) - No current eCrim for CG #1, CG #2, and HHM #1.

I sent CTA current eCrim for caregiver #1 #2 and HHM #1 on 5-6-15.

7.1.(a)(2) - Second year (2014) APS/CAN check not done until 2015 for CG #1, CG #2, and HHM #1.

APS done in April 2015.

I will place a reminder for all items with expiration date on my iPhone reminder.

*J. Perucho
5/6/15*

Compliance Manager

Date

Primary Care Giver

Date