

Provider ID: 2-100092
 Home Name: Salthorn Heffron, CNA Review ID: 2-100092-3
 95 West Nani'ao Street Reviewer:
 Hilo HI 96720 Begin Date: 9/8/2015 End Date: 9/8/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit done on 8/8/15 to survey for recertification. Home not in compliance on day of survey. Out of compliance items/deficiencies will be listed in the appropriate section of this document. PCG to submit documentation for all deficiencies to CTA within 30 days of this survey.

Foster Family Home Application [17-1454-7]

7 (b)(1)(C) Background check documents, as provided in section 17-1454-7.1, and

Comment:

7.(b)(1)(C) Background check documents, as provided in section 17-1454-7.1; Documentation shows SCG # 1 was out of compliance for nine days.

Compliance Manager

[Signature]

Primary Care Giver

Date

9-9-15

09-09-15

Date

★ THIS REPORT E-MAILED TO PL6 THE
 NEXT DAY AFTER HER SURVEY DUE TO
 CONNECTIVITY PROBLEMS DURING THE
 SURVEY.



Explanation for 7.1.a.1 PCG #1

I completely forgot about the APS/CAN due to the 2nd year out of compliance by 9 days.

Now I write down the expiration date on the calendar, so that I would not miss it again.

Latimer ^W, PCG

09-08-2015