

# Foster Family Home - Corrective Action Report

Provider ID: 1-618788

Home Name: Victoria Agregado, CNA

3404 Likini Street

Honolulu HI 96818

Review ID: 1-618788-2

Reviewer: 

Begin Date: 6/3/2015

End Date: 6/16/15

## 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 3 person recertification review made on 6/3/15.  
Corrective Action Report issued during home visit with all items due to CTA by 7/3/15.

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 second year (2014) APS/CAN for CG #4 and HHM #2.

  
Compliance Manager  
Victoria Agregado  
Primary Care Giver

RW

6/3/15  
Date  
6-3-15  
Date

### Foster Family Home - Corrective Action Report

**Provider ID:** 1-618788  
**Home Name:** Victoria Agregado, CNA      **Review ID:** 1-618788-2  
 3404 Likini Street      **Reviewer:** \_\_\_\_\_  
 Honolulu HI 96818      **Begin Date:** 6/3/2015      **End Date:** 6/16/15

**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 3 person recertification review made on 6/3/15.  
 Corrective Action Report issued during home visit with all items due to CTA by 7/3/15.  
 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 second year (2014) APS/CAN for CG #4 and HHM #2.

- 1) SENDING APS/CAN FOR CC # 4 ( \_\_\_\_\_ ) & HHM ( \_\_\_\_\_ )
- 2) I WILL PLACE ALL ITEMS WITH EXPIRATION DATE ON MY IPHONE CALENDAR.

Victoria Agregado  
6-16-15

\_\_\_\_\_  
 Compliance Manager  
 Victoria Agregado  
 Primary Care Giver

6/3/15  
 Date  
 6-3-15  
 Date