

Foster Family Home - Corrective Action Report

Provider ID: 1-559007

Home Name: Melecia Andres, CNA

1182 Manuwa Drive

Honolulu HI 96818

Review ID: 1-559007-3

Reviewer:

Begin Date: 1/19/2016

End Date: 1/20/2016

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Home visit made on 1/19/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 2/19/2016.

6 (d)(1) see applicable sections of this 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;

Comment:

7.1.(a)(1) CG [REDACTED] eCrim expired 7/10/2014 renewed on 8/8/2014 with one month lapse.

[REDACTED]
Primary Care Giver


1/19/2016
Date

1/19/2016
Date

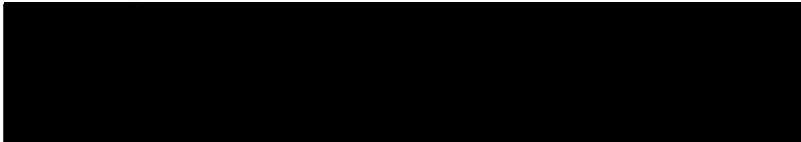
Written Plan of Correction:

1/19/2016

7.1 (a)(1)

 e Crime
will not lapse in the future because
the home has a tracking log for
all personnel requirements for all
due dates to renew before the due
dates.

1/19/2016


1182 Manawa Drive
Honolulu, HI 96818