

Foster Family Home - Corrective Action Report

Provider ID: 1-626517

Home Name: Carolina Alhambra, CNA

Review ID: 1-626517-4

91-1009 Pa Street

Reviewer:

Ewa Beach

HI 96706

Begin Date: 10/27/2015

End Date: 10/28/15

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 10/27/15. Corrective Action Report issued during home visit with all items due to CTA by 11/27/15.

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

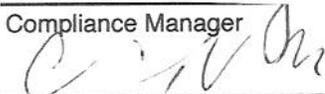
Foster Family Home Background Checks [17-1454-7.1]

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 current APS/CAN for all CG's and all HHM's.

Compliance Manager



Primary Care Giver

Date

10/27/15

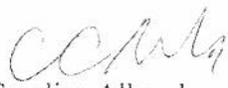
Date

10-27-15

Date

7.1. (a)(2)—Sent CTA APS/CAN for all CG's and HHM's

—Made a list of all items for all CG's and HHM's that's expired, including APS/CAN dates. I have placed this list in the front of my CTA binder. I will review frequently.


Carolina Alhambra

10/29/2015

91-1009 Pa Street
Ewa Beach, HI 96706