

Foster Family Home - Corrective Action Report

Provider ID: 1-562258

Home Name: Evelyn Argel, CNA

Review ID: 1-562258-5

94-1078 Kuhaulua Street

Reviewer:

Waipahu HI 96797

Begin Date: 4/14/2015

End Date: 4/29/15

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 4/14/15.
Corrective Action Report issued during home visit with all items due to CTA by 5/14/15.

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 2nd year APS/CAN for CG [redacted] CG [redacted] and HHM [redacted].

[redacted]
/Primary Care Giver

Date 4/14/15

Date 4/14/15

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Home Name: Evelyn Argel, CNA

94-1078 Kuhaulua Street

Waipahu

HI 96797

Review ID: 1-562258-5

Reviewer: David Ayling

Begin Date: 4/14/2015 End Date:

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

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

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

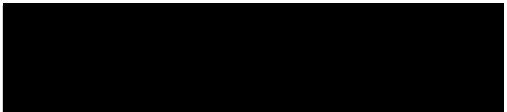
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1.) Sent CTA APS/CAN FOR PCG, SCG & HHM
on 4/29/15.

2.) I will place all items and/or certificates with expiration dates on my ~~ipad~~ iphone, or in my computer.



4/29/15

Compliance Manager

Primary Care Giver

Date

Date

4/14/15

4/14/15