

Foster Family Home - Corrective Action Report

Provider ID: 1-561408

Home Name: Jennifer Kaukeano, CNA

Review ID: 1-561408-2

91-924 Pailani Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 4/20/2015

End Date: 4/23/15

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 2 person recertification review made on 4/20/15.
Corrective Action Report issued during home visit with all items due to CTA by 5/20/15.

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 APS/CAN done in 2014 for CG [REDACTED] IHM [REDACTED]

Compliance Manager

Primary Care Giver

Date

Date

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

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Comment:

7.1.(a)(2) - No APS/CAN done in 2014 for CG [REDACTED] HHM # [REDACTED]

1) I have reviewed the rules regarding APS/CAN and have gotten an APS/CAN check for all caregivers and HHM in 2015.

2) For all items in my record book, I will list all the expiration dates on my phone.

Compliance Manager

Primary Care Giver

Date

Date

4/20/15