

Foster Family Home - Corrective Action Report

Provider ID: 1-150026

Home Name: Lilian Joaquin

94-1078 Hoomakoa Street

Waipahu HI 96797

Review ID: 1-150026-1

Reviewer:

Begin Date: 6/26/2015

End Date:

7/20/15

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

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

Comment:

Home visit on 6/26/15 for initial certification of 2 bed home. A corrective action report was issued with items due by 7/26/15.

6.(d)(1) Refer to appropriate 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) HHM [redacted] needs exemption letter.

Compliance Manager

Primary Care Giver

6/26/15

Date

6/26/15

Date

7.1.(a)(1) #HM [REDACTED]

[REDACTED] applied for exemption letter and received the result and send it to CTA and put a copy in the binder. Thank you so much and have a wonderful day!

[REDACTED]
LILIAN JOAQUIN

Primary Care Nurse

July 20, 2015

Date