

Foster Family Home - Corrective Action Report

Provider ID: 1-150037

Home Name: Marcela Briones, CNA

Review ID: 1-150037-1

3835 Likini St

Reviewer:

Honolulu HI 96818

Begin Date: 7/15/2015

End Date: 7/17/2015

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

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

Comment:

6 (d)(1) The NEW Home visit made on 7/15/2015 for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA on 7/29//2015.

6 (d)(1) see applicable sections of this review.

Foster Family Home Fiscal Requirements [17-1454-49.1]

49.1.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

49.1.(a) Budget for the Home is not present.

Compliance Manager

Marcela Briones

Primary Care Giver

Date

7/15/2015

Date

7/15/2015

PLAN OF CORRECTION
July 16, 2015

S17-1454-49.1 - The Home now has a current budget and it is filed in the Home Binder. This will not happen again because each month, the Home will maintain the budget monthly.

Marcela M. Briones
MARCELA BRIONES
7/16/2015
3835 LIKINI STREET
HONOLULU, HI-96818