# Foster Family Home - Corrective Action Report

**Provider ID:** 1-140037

**Home Name:** Marites Potot, CNA **Review ID:** 1-140037-2

1746 Komo Mai Drive Reviewer:

Pearl City HI 96782 Begin Date: 4/8/2015 End Date: 4/10/15

**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 4/8/15.
Corrective Action Report issued during home visit with all items due to CTA by 5/8/15.

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

**Foster Family Home** **Personnel and Staffing** **[17-1454-41]**

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(5) - CG [redacted] auto insurance coverage needs to be increased to the approved minimum coverage amounts.

Compliance Manager 4/8/15
Date

[redacted]
Primary Care Giver 4/8/15
Date



4/8/2015 16:37 PM

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41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(5) - CG [redacted] auto insurance coverage needs to be increased to the approved minimum coverage amounts.

1) Send CTA require Auto Insurance Policy with correct coverage amounts on 4/10/15.

2) I will make sure my Auto Insurance has correct coverage amount each time I renew coverage.

Compliance Manager

[redacted]

Primary Care Giver

Date

4/10/15

Date



4/8/2015 16:37 PM