

Foster Family Home - Corrective Action Report

Provider ID: 1-140038

Home Name: Mayrose Mendoza, CNA

Review ID: 1-140038-2

3379 Likini Street

Reviewer:

Honolulu HI 96818

Begin Date: 4/9/2015

End Date: 4/20/15

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

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

Comment:

Home visit for a 2 person recertification review made on 4/9/15.
Corrective Action Report issued during home visit with all items due to CTA by 5/9/15.

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

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)(1) - No current eCrim for CG [REDACTED] No proof of 2nd year fingerprints for CG [REDACTED]
7.1.(a)(2) - No APS/CAN for CG [REDACTED]. No APS/CAN in 2014 for CG [REDACTED]

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

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) - No current TB clearance for CG [REDACTED] and CG [REDACTED]

Compliance Manager

Primary Care Giver

4/9/15

Date

4/9/15

Date

7.1(a)(1) - SENT CTA e crim for CG [REDACTED] & FP CG [REDACTED]
on 4-20-15

7.1(a)(2) - SENT APS, CAN for CG [REDACTED] & APS, CAN 2014
for CG [REDACTED]
on 4-20-15

41.(b)(7) - SENT current TB clearance for CG [REDACTED]
& CG [REDACTED] on 4-20-15

I will place all items (CPR, TB clearance,
APS/CAN, eCrim with expiration
dates on my calendar.

[REDACTED] 4-20-15

RECEIVED
APR 22 2015

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