Foster Family Home - Corrective Action Report

Provider ID: 1-559180

Home Name: Janet Sion, CNA

4222 Likini Street

Honolulu HI 96818

Review ID: 1-559180-4

Reviewer:

Begin Date: 6/15/2016 End Date: 7/6/16

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 3 person recertification review [redacted]. Corrective Action Report issued during home visit with all items due to CTA [redacted].

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 current APS/CAN for CG #1 and CG #2.

[redacted]

Attention :

Janet G. Sion

[redacted]

Citation # 7.1.(a)(2)--- Sent CTA current APS/CAN for CG#1 and CG#2 [redacted]

I have placed a listing of APS/CAN expiration dates for all caregivers on top of my caregivers/household members binder and will review every month.

Thank you,

[redacted]