

Foster Family Home - Corrective Action Report

Provider ID: 1-559180

Home Name: Janet Sion, CNA

Review ID: 1-559180-4

4222 Likini Street

Reviewer:

Honolulu

HI 96818

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.

Attention :

Janet G. Sion

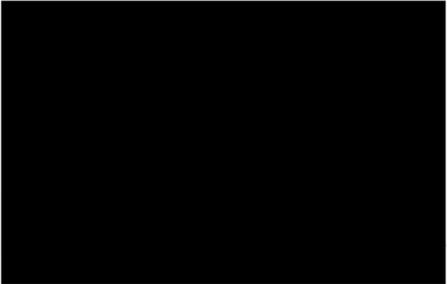


Citation # 7.1.(a)(2)--- Sent CTA current APS/CAN for CG#1 and CG#2



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,



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