

Foster Family Home - Corrective Action Report

Provider ID: 1-160023

Home Name: Josephine Agarpao

94-1076 Awalua St

Waipahu

HI 96797

Review ID: 1-160023-1

Reviewer:

Begin Date: 4/27/2016

End Date: 5/5/2016

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 [REDACTED] for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA [REDACTED]

6 (d)(1) see applicable sections of this 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) CG#2: No fingerprinting present in the home. HHM#1: Fingerprinting done [REDACTED] but results not present in the home.

7.1.(a)(2) HHM#1 APS/CAN done [REDACTED] but results not present in the home.

[REDACTED]

7.1.(a)(1) CG#2 refused to provide documents requested; therefore, replaced with another NA (documents were faxed to CTA [REDACTED]).

HHM#1 fingerprinting result [REDACTED] is now placed in the home binder.

[REDACTED]

7.1.(a)(2) HHM#1 APS/CAN result [REDACTED] is now placed in the home binder.

[REDACTED]

The home now has a tracking system for all required documents before due date so that this will not happen in the future.

[REDACTED]