

Foster Family Home - Corrective Action Report

Provider ID: 1-150046

Home Name: Lilia Basilio, CNA

94-116 Haaa St.

Waipahu

HI 96797

Review ID: 1-150046-2

Reviewer:

Begin Date: 6/29/2016

End Date:

7/5/16

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 2 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

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) - Does not have enough coverage for Bodily Injury and Property damage on current auto insurance policy.

41.(b)(5) I sent CTA, a current auto insurance policy with the current coverage amount [REDACTED]

I will keep the current coverage amount on my auto insurance as long as I operate my CCFFH.

