

# Foster Family Home - Corrective Action Report

Provider ID: 1-637192

Home Name: Marina Fernandez, CNA

Review ID: 1-637192-7

99-056 Ieie Place

Reviewer:

Aiea HI 96701

Begin Date: 6/21/2016

End Date: 7/12/16

## 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)(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 second year fingerprints for CG #3 and CG #4.

7.1.(a)(2) - No APS/CAN [REDACTED] for CG #4. No second year APS/CAN for CG #5.



7.1(a)(1) The home received a copy of the second fingerprints for CG#3 and CG#4. It is on file in the home personnel record. The home will utilize a computer program to track when personnel requirements are due to prevent any requirements from expiring in the future. 

7.1(a)(2) The home received a copy of the  APS/CAN for CG#4 and a copy of the second year APS/CAN for CG#5. It is on file in the home personnel record. The home will utilize a computer program to track when personnel requirements are due to prevent requirements from expiring in the future. Attached is a copy of the  APS/CAN for CG#4 and a copy of the second year APS/CAN for CG#5.

