

# Foster Family Home - Corrective Action Report

Provider ID: 1-100079

Home Name: Regie Cacayorin, CNA

Review ID: 1-100079-4

94-109 Palai Place

Reviewer:

Waipahu

HI 96797

Begin Date: 5/18/2016

End Date: 5/18/16

## 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 APS/CAN done [REDACTED] for CG #1, CG #2, and CG #3.

7.1. (9) (2) - SHOWED CTA CURRENT APS/CAN  
FOR ALL EG'S ON DAY OF  
RECERTIFICATION 

I NOW UNDERSTAND THE RULE  
FOR APS/CAN 2 YEARS IN A ROW  
AND THEN EVERY OTHER YEAR.

