

Foster Family Home - Corrective Action Report

Provider ID: 1-090093

Home Name: Cristina Basilio, CNA

Review ID: 1-090093-4

976 Hanau Street

Reviewer:

Wahiawa HI 96786

Begin Date: 8/29/2016

End Date: 9/2/16

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 CCFFH recertification review made on 8/29/16. Corrective Action Report issued during home visit with all items due to CTA by 9/29/16.

6.(d)(1) - see applicable sections of the review

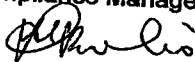
Foster Family Home Background Checks [17-1454-7.1]

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 #4.

Compliance Manager



Primary Care Giver

Date

8/29/16

Date

WRITTEN PLAN OF CORRECTION

September 02, 2016

Cristina Basilio Adult Foster Home
976 Hanau Sreet
Wahiawa, Hi 96786

7.1.(a)(2) Be subject to adult protective service perpetrator check if the individual has a direct contact with a client.

Corrective Action;

7.1.(a).(2) I sent CTA current APS/CAN for CG #1 and CG #4 on September 02, 2016.

I have put all APS/CAN and Ecrim expiration dates on my computer calendar and will review it on a monthly basis.


CRISTINA BASILIO

9/2/16

Cristina Basilio Adult Foster Home
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Wahiawa HI 96786