

# Foster Family Home - Corrective Action Report

Provider ID: 1-100113

Home Name: Menes Saolt, CNA

Review ID: 1-100113-5

94-414 Opeha Street

Reviewer:

Waipahu HI 96797

Begin Date: 8/29/2016

End Date: 9/6/2016

## Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

6 (d)(1) Home visit made on 8/29/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/29/2016.

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;

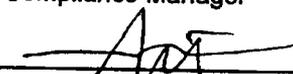
7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1) CG#3 eCrim expired on 5/16/15 but renewed on 10/4/15 with about 5 months lapse.

7.1.(a)(2) CG#3 Adult Protective Services, Child, Assault, and Neglect (APS/CAN) expired on 2/12/16 but renewed on 5/9/16 with about 3 months lapse.

\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

8/29/16

\_\_\_\_\_  
Date

## Written Plan of Correction

September 1,2016

7.1[a][1] CG#3 will not lapse in e crime in the future because I will use stickers tabs and reminder note on the front of the binders. And I will remind the caregiver personally as well to update all due requirements.

7.1[a][2]CG#3 will not lapse in the APS/CAN in the future because I will use my phone to put all the expiration due dates of all of my requirements on the calendar to remind me easily.

September 1,2016



Menes Saoit  
94-914 Opeha St.  
Waipahu Hi 96797