

# Foster Family Home - Corrective Action Report

Provider ID: 1-140004

Home Name: Jesusa Alcantara, NA

Review ID: 1-140004-3

98-391 Puaalii Street

Reviewer:

Aiea

HI 96701

Begin Date: 9/15/2016

End Date: 09/16/16

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 CCFFH certification review to increase to a 3 person CCFFH made on 9/15/16. Corrective Action Report issued during home visit with all items due to CTA by 10/15/16.

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;

Comment:

7.1.(a)(1) - No current eCrim (Criminal History) for CG #3.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date