

Foster Family Home - Corrective Action Report

Provider ID: 1-140008

Home Name: Nympha Rasay, CNA Review ID: 1-140008-4

94-459 Awamoi Place Reviewer:

Waipahu HI 96797 Begin Date: 9/19/2016 End Date: 10/5/16

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 9/19/16. Corrective Action Report issued during home visit with all items due to CTA by 10/19/16.

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 checks for CG #1 and CG #2.

Compliance Manager

Rasay

Primary Care Giver

Date

9/19/16

Date

09/23/2016 22:03

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7.1.(a)(2)

I send CTA a current APS/CAN for CG#1 and CG#2 on Sept. 23, 2016.

I have made a list of all items with expiration dates (APS/CAN/ITB/CPR, etc) for all CG's and Household members and placed on my iPhone calendar, which will remind me 1 month in advance of expiration.

Nympa
NYMPHA RASAY
Sept. 23, 2016