

## Foster Family Home - Corrective Action Report

Provider ID: 1-630576  
Home Name: Alejandrina Seatrix, CNA      Review ID: 1-630576-5  
91-1050 Kauiki Street      Reviewer:  
Ewa Beach      HI      96706      Begin Date: 9/20/2016      End Date: 10/20/16

### 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 CCFH recertification review made on 9/20/16. Corrective Action Report issued during home visit with all items due to CTA by 10/20/16.

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;

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) - No current eCrim for HHM #1.

7.1.(a)(2) - No current APS/CAN for all CG's and HHM #1.

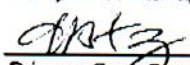
### Foster Family Home      Information Confidentiality      [17-1454-13.1]

13.1.(b)(1)      Have written policies and procedures that relate to confidentiality and privacy rights of applicants and recipients;

Comment:

13.1.(b)(1) - No policies and procedures present for client #1, #2, and #3.

Compliance Manager

  
Primary Care Giver

Date

  
Date

fax 234 - 6470

7.1(a)(1) - I sent CTA a current exam  
for HHM # 1 on 9-21-2016

7.1(a)(2) I sent CTA current APs/can for  
all CG's + HHM # 1 on 9-26-2016

B.1(b)(1) - I sent CTA signed policies and  
procedure for all my clients  
on 9-26-2016

I will have all new clients sign  
policies and procedures on admission  
in the future

I have placed expiration dates for exam  
and APs/can on a list and in the front  
of my CTA binder. I will check  
list every month

Assty PCG  
Alejandra Seaviz