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Foster Family Home - Corrective Action Report

Home Name: Esmeralda Racechot, CMA Review ID: 1-422347-6
114 Kaniho Place Reviewer:
Wahiawa HI 96786 Begin Date: 10/12/2016 End Date: 10/31/16

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

Comment:

Home visit for a 3 person CCFH recertification review made on 10/12/16. Corrective Action Report issued during home visit with all items due to CTA by 11/12/16.

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

50.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

50.(a) - Client #1 and Client #2 need written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Compliance Manager

[Signature]

Primary Care Giver

Date

10-12-16

Date

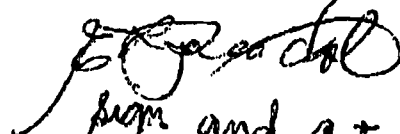
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I send CTA signed policies and procedures for client #1 and #2 on 10/21/16.

I now understand rule 50 and will have each new client sign my policies and procedures on admission to my CCFH.

Esméralda R. Racach


prop. and date
10/21/2016