

Foster Family Home - Corrective Action Report

Provider ID: 1-511148

Home Name: Florencio Sandi, CNA

Review ID: 1-511148-3

1749 Nalani Street

Reviewer:

Honolulu HI 96819

Begin Date: 10/5/2016

End Date: 10/26/16

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 recertification review made on 10/5/16. PCG requests to increase to a 3 client CCFFH. Corrective Action Report issued during home visit with all items due to CTA by 11/5/16.

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

Foster Family Home Background Checks

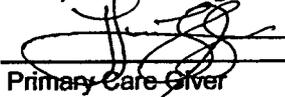
[17-1454-7.1]

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 second year criminal history with fingerprints done for CG #4.

Compliance Manager



Primary Care Giver

Date

10/5/16

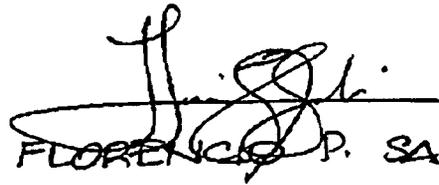
Date

Oct 19 16 02:18p

p.2

7.1.(a)(1) - SEND TO CTA A CURRENT
FINGERPRINT FOR CG.#4
ON 10/19/16.

- I HAVE PLACED ALL ITEMS
WITH EXPIRATION DATES ON
MY MAC BOOK. I WILL REVIEW
MONTHLY.

 - 10/19/16
FLORENCE P. SANDI