

# Foster Family Home - Corrective Action Report

Provider ID: [REDACTED]

Home Name: Filma Benigno, CNA

Review ID: 1-512419-6

94-302 Hillhua Way

Reviewer: \

Waipahu

HI 96797

Begin Date: 7/6/2016

End Date: 7/22/16

## 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 recertification review made on 7/6/16. Corrective Action Report issued during home visit with all items due to CTA by 8/6/16.

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),(2) - No current APS/CAN and fingerprints and CG #3, HHM #2, and HHM #3.

Compliance Manager

*Filma Benigno*  
Primary Care Giver

7/6/16  
Date

7-6/16  
Date

7/22/16

7.1 (a)(1), (2) - I have sent CTA  
APS/CARX, Fingerprints for  
SG#3, HHM#2, and HHM#3  
on 7/20/16

I have placed all items with  
expiration dates (APS/CARX, CPR, TO),  
calendar and will check every  
month.

John Benigno  
Sign & date  
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