

# Foster Family Home - Corrective Action Report

Provider ID: 1-560921  
Home Name: Jeannie Abero, CNA      Review ID: 1-560921-4  
91-1020 Hanakahi Street      Reviewer:  
Ewa Beach      HI      96706      Begin Date: 7/13/2016      End Date: 8/13/16

## Foster Family Home - Required Certificate

6.(d)(1) Comply with all applicable requirements in this chapter, and  
Comment:  
Home visit for a 2 person recertification review made on 7/13/16. Corrective Action Report issued during home visit with all items due to CTA by 8/13/16.  
6.(d)(1) - see applicable sections of the review

## Foster Family Home - Background Checks

7.1.(e) The results of a background check made pursuant to section (e) above shall be exempt from consideration by the department if an exemption has been granted by the department of human services. Requests for exemptions must be:  
Comment:  
7.1.(e) - No exemption letter present for HHM #2 (eCrim done on 4/20/15 shows a violation).

\_\_\_\_\_  
Compliance Manager  
*[Signature]*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date  
7-10-16  
\_\_\_\_\_  
Date

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July 13, 2016

7.1.(e) I sent CTA the exemption letter for HHM #2 on July 16, 2016.

I now understand section 7 of the Hawaii Administrative Rule concerning exemption

Jeannie Abero

