

Foster Family Home - Corrective Action Report

Provider ID: 2-160008

Home Name: Marleta Reyes, CNA

Review ID: 2-160008-2

74-5209 Kauwela Place

Reviewer:

Kailua-Kona HI 96740

Begin Date: 12/21/2016

End Date: 1/17/17

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Survey performed to recertify two client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA by 1/21/17.

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

7.1.(e) The results of a background check made pursuant to section (a) 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(a)(1-2), 7.1(e)

No APS, CAN and fingerprints for adult household member #2 in home binder.

Compliance Manager

Marleta D. Reyes
Primary Care Giver

Date

12/21/16
Date

Marieta D. Reyes
Adult Family Foster Care Home Operator
74-5209 Kauwela Pl
Kailua-Kona, HI 96740

December 21, 2016

RE: Correction for 7.1.(a)(1) to recertify two client home

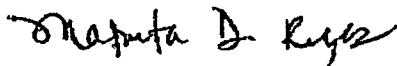
To Whom It May Concern:

At my survey, performed by CTA on 12/21/16, I did not have APS/CAN, Fingerprinting, and eCRIM record for household member #2.

I didn't have the paperwork for Household member #2 due to recently moving in, and I was awaiting results for all forms stated above. I have received all paperwork/results for household member #2, and it is in my binder.

In the future, I will keep forms updated in my binder by checking it every month. Please see enclosed documents for household member #2.

Sincerely,



Marieta D. Reyes