

Foster Family Home - Corrective Action Report

Provider ID: 1-110006

Home Name: Janet Agbunag, CNA

Review ID: 1-110006-6

1464 Molehu Dr.

Reviewer:

Honolulu

HI 96818

Begin Date: 2/15/2017

End Date: 2/16/17

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 CCFFH recertification review made on 2/15/17. Corrective Action Report issued during home visit with all items due to CTA by 3/15/17.

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

Foster Family Home Background Checks

[17-1454-7.1]

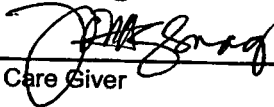
7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) - APS/CAN not done until 1/21/17 for CG #5(expired on 12/18/16).

Compliance Manager

Primary Care Giver



Date

2/7/2017

Date

7.1.(9)(2) - I know understand the rule for getting all CG's their APS/CAN every 2 years. I made a list of the expiration dates of the APS/CAN for all CG's and HHM's and placed in the front on my CTA binder. I will review monthly

JANET AGRUNAG
2/16/2017