

Foster Family Home - Corrective Action Report

Provider ID: 1-090125
Home Name: Jessie Villanueva, CNA Review ID: 1-090125-8
94-1591 Waipahu Street Reviewer:
Waipahu HI 96797 Begin Date: 12/27/2016 End Date: 1/11/17

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 CCFH recertification review made on 12/27/16. Corrective Action Report issued during home visit with all items due to CTA by 1/27/17.

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

Foster Family Home Background Checks [17-1454-7.1]

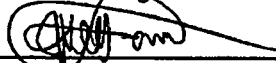
7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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)(1)(2) - No current APS/CAN and Fingerprints for HHM #1 and no current fingerprints for HHM #2.

Compliance Manager



Primary Care Giver

Date

12-27-16

Date

01/11/2017 10:47 FAX

001

JANUARY 11, 2017

ATTN: -----
COMMUNITYTIES OF AMERICA, INC.
45-955 KAMEHAMEHA HWY.
SUITE 300
KANE OHE HI 96744

DEAR SIR:

I HAVE SENT CTA THE CURRENT APS/CAN AND FINGERPRINT FOR
HHM#1 AND HHM#2 ON 01/11/17.
I HAVE MADE A REMINDER CALENDAR LISTING ALL EXPIRATION
DATES FOR APS/CAN AND ECRIM. I WILL REVIEW IT MONTHLY.


JESSIE VILLANUEVA (PCG)

February 16, 2017

Attn:

Community ties of America Inc.

45-955 Kamehameha Hwy.

Suite 300

Kaneohe Hi 96744

Dear Sir:

I have obtained new APS/CAN and Finger prints from fieldprint for HHM #1 and HHM#2 and placed in my CTA binder.

I have made a reminder calendar listing all expiration dates for APS/CAN and ecrim. I will review it monthly.

Yours Truly,

Jessie Villanueva