

Foster Family Home - Corrective Action Report

Provider ID: 1-110050

Home Name: **Hermelita Martinez, CNA**

Review ID: 1-110050-7

92-655 Aahualii Street

Reviewer: David Ayling

Kapolei HI 96707

Begin Date: 5/11/2017

End Date:

6/9/17

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 5/11/17. Corrective Action Report issued during home visit with all items due to CTA by 6/11/17.

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 046-2.7, 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) - No second year APS/CAN and Fingerprints for CG #3.

Compliance Manager

Primary Care Giver

H. Martinez

Date

Date

5/11/17

6/9/2017

DEAR SIR AND MADAM;

7.1.(1)(2) — I OBTAINED CURRENT APS/CAN AND FINGERPRINTS FROM CG#3 AND PLACED IN MY CTA BINDER I HAVE WRITTEN A LIST OF ALL ITEMS WITH EXPIRATIONS DATES (APS/CAN CG) AND PLACED IN THE FRONT OF MY CTA BINDER I WILL REVEIW MONTHLY

sincerely

Hermelita martinez (POG)