

Foster Family Home - Corrective Action Report

Provider ID: 5-130040

Home Name: Jesusa Sebastian, CNA

Review ID: 5-130040-5

4306 Aikepa Street

Reviewer: David Ayling

Lihue HI 96766

Begin Date: 7/31/2017

End Date: 08/04/2017

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 2 person CCFFH recertification review made on 7/31/17. Corrective Action Report issued during home visit with all items due to CTA by 8/31/17.


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 expired on 7/16/17 for CG #2. Not done as of this date.

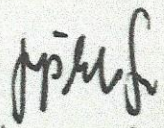

Compliance Manager


Primary Care Giver

7/31/17
Date

7/31/17
Date

7.1.(a)(2)- I got a current APS/CAN for caregiver #2 and placed green light results in my CTA binder. I have written a list out with expiration dates for APS/CAN for all caregivers and household members and placed in the front of my CTA binder. I will review it every month.

 8/01/2017
Jesusa Sebastian