

Foster Family Home - Corrective Action Report

Provider ID: 1-140022

Home Name: Fidela L.R. Batoon, CNA

Review ID: 1-140022-5

1016 Laakea Place

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 8/7/2017

End Date:

8/22/17

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 8/7/17. Corrective Action Report issued during home visit with all items due to CTA by 9/7/17.

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

Foster Family Home

Personnel and Staffing

[17-1454-41]

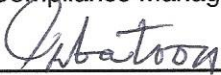
41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(5) - Auto Insurance doesn't have enough Bodily injury coverage(only 20,000, needs 100,000).



Compliance Manager



Primary Care Giver

8/7/17
Date

8/7/17
Date

41. (b)(5) - I have obtained a copy of my auto insurance policy with the correct amount of coverage and placed in my CTA binder. I will check all expiration dates and correct amounts of coverage now and in the future with a list placed in my CTA binder.

Fidelis L. R. Batson
Cubatoon - 8/22/17