

# Foster Family Home - Corrective Action Report

Provider ID: 1-140061

Home Name: Mary Rose Velez, CNA

Review ID: 1-140061-4

1628 Owawa Street

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 8/25/2017

End Date: 9/1/17

## 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 2 person CCFFH recertification review made on 8/25/17. Corrective Action Report issued during home visit with all items due to CTA by 9/25/17.

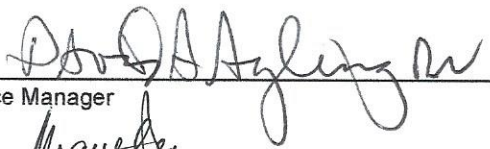
6.(d)(1) - see applicable sections of the review

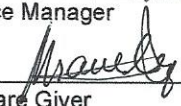
## Foster Family Home Background Checks [17-1454-7.1]

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 for CG #4 not done until 3/30/17. Expired on 3/10/17.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

7.1.(a)(2) – I showed CTA the current APS/CAN for CG#4 on the day of my recertification.

I have made a list of the expiration dates of the APS/CAN for all CG's. I placed it in my CTA binder and I will check it every month.

MARY ROSE VELEZ

~~Handwritten signature~~ 8-29-17