

## Foster Family Home - Corrective Action Report

Provider ID: 1-130007

Home Name: Olivia Lewin, CNA

92-1336 Pueonani St.,

Kapolei

HI 96707

Review ID: 1-130007-6

Reviewer: David Ayling

Begin Date: 9/21/2017

End Date: 10/5/17

### 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 9/21/17. Corrective Action Report issued during home visit with all items due to CTA by 10/21/17.

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

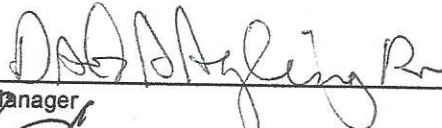
### Foster Family Home Background Checks [17-1454-7.1]

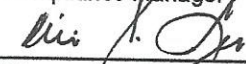
7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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 CG #2. Expired on 9/13/17.

  
Compliance Manager

  
Primary Care Giver

9/21/17  
Date

9/21/17  
Date

Oct. 4, 2017

7.1 (a) (1,2) I have obtained current APS/CAN and fingerprints from CG#2 and placed in my CTA binder.

I have placed all items with expiration dates (APS/CAN, TB, CPR & First Aid) for all CG's on my computer calendar with reminder notification 1 month prior to expiration.

  
Olivia S. Lewin

10/4/2017