

Foster Family Home - Corrective Action Report

Provider ID: 1-170005

Home Name: Larry Saladino, RN

Review ID: 1-170005-2

91-1011A Pailani St.

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 10/31/2017

End Date: 11/2/17

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 10/31/17. PCG requests to increase to a 3 client CCFFH. Corrective Action Report issued during home visit with all items due to CTA by 11/30/17.

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) - Second year APS/CAN and fingerprints for CG #3 and CG #5 not done until 10/6/16. Expired on 1/5/16.


Compliance Manager


Primary Care Giver

10/31/17
Date

10/31/17
Date

7.1.(a)(i)(2) - I showed CTA current APS/CAN and fingerprint for Caregiver #3 and Caregiver #5 on 10/31/17.

I will Obtain APS/CAN and fingerprints before they expire for all caregivers and household members over 18 years old. I have placed the expiration dates on my computer calendar. I will check every month. Mahalo!

Respectfully Yours,

A handwritten signature in black ink, consisting of several overlapping loops and a final flourish.

Larry Saladino, RN

11/02/2017