

# Foster Family Home - Corrective Action Report

Provider ID: 1-560377

Home Name: Nicole Ganitano, CNA

Review ID: 1-560377-7

91-1025 Hanakahi Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 1/2/2018

End Date: 1/3/18

## 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 1/2/18. Corrective Action Report issued during home visit with all items due to CTA by 2/2/18.

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) - No current APS/CAN for CG #2(expired on 12/9/17). Current APS/CAN for CG #3 done on 12/30/16(expired on 5/21/16).

David A. Ayling RV  
Compliance Manager

Nicole C. Ganitano  
Primary Care Giver

1/2/18  
Date

1/2/18  
Date

7.1.(9)(2)

I have received a current APS/CAN from CG #2 and placed in my CTA binder. I showed CTA on the day of my recertification a current APS/CAN for CG #3.

I have please the APS/CAN expiration dates for all CG's on my iPhone calendar. I set the reminder one month before the expiration date.

Signature *Nicole C. Pantan* Date *1/3/18*