

Foster Family Home - Corrective Action Report

Provider ID: 1-140047

Home Name: Marilou E. Guieb, NA

Review ID: 1-140047-4

215 Thomas Street

Reviewer: David Ayling

Wahiawa HI 96786

Begin Date: 6/21/2018

End Date: 7/5/18

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 2 person CCFFH recertification review made on 6/21/18. Corrective Action Report issued during home visit with all items due to CTA by 7/21/18.

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

Foster Family Home

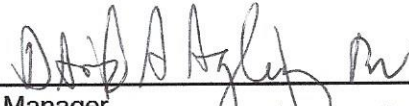
Background Checks

[17-1454-7.1]

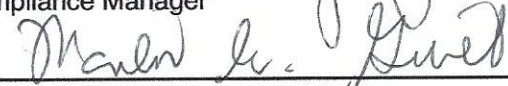
7.1.(e) The results of a background check made pursuant to section (a) above shall be exempt from consideration by the department if an exemption has been granted by the department of human services. Requests for exemptions must be:

Comment:

7.1.(e) - No current exemption for CG #2.


Compliance Manager

6/21/18
Date


Primary Care Giver

6/21/18
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **MARILOU E. GUIEB**

CCFFH Address: **215 THOMAS ST. WAHIAWA, HI 96786**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(e)	I have received a current exemption letter from Fieldprint and placed in my CTA binder.	7/5/18	I will obtain an exemption as soon as I receive a red light for any Caregiver.

Primary Caregiver's Signature: MariLou E. Guieb

Print Name: MARILOU E GUIEB

Date of Signature: 7/5/18