

# Foster Family Home - Corrective Action Report

Provider ID: 1-150066

Home Name: Bernadette Vera, CNA

Review ID: 1-150066-4

94-849 Lumiiki Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 8/22/2018

End Date:

8/23/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

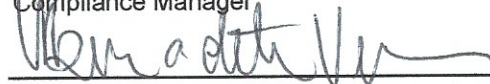
Comment:

Home visit for a 2 person CCFH recertification review made on 8/22/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.



Compliance Manager



Primary Care Giver

8/22/18

Date

8/22/18

Date

## Certificate Application Community Care Family Foster Home

The following individual, agency, or organization hereby applies for certification as a Community Care Foster Family Home (CCFFH), in compliance with Chapter 17-1454, Hawaii Administrative Rules.

Check here if this is a request to renew an existing certificate

Check the type of certificate you are applying for:

1 Client

2 Clients

3 Clients

**Applicant (Primary Caregiver) Information:**

Bernadette C. Vera 8/19/82 36 808-671-2638  
 Full Legal First and Last Name Birth date Age Home Phone Number  
94-819 Lumiiki St Waipahu HI 96797  
 Physical Address City State Zip code  
same as above  
 Mailing Address City State Zip code  
verab1064@gmail.com 808-388-9808  
 Email Address Cell Phone Number

**PLEASE MAKE A COPY BEFORE SUBMITTING – Submit the following materials with this signed application form:**

	1- and 2-Client CCFFH application requirements	3-Client CCFFH application requirements – CCFFH must have been currently open for at least 1 year, with clients for at least 11 months
1.	Applicant's government identification with current full legal name	<b>To apply - send the following to CTA:</b> 1. Application Form 2. Statement that the CCFFH has been open for at least 1 year and has had clients for at least 11 months.
2.	Statement from applicant stating applicant lives at address on this application	
3.	NA certificate from a State approved course, CNA card, LPN or RN license – for applicant	
4.	One year of experience (complete Job Experience Form and submit employer verifications) – for applicant	**The home will need to meet all 3-Bed Certification requirements during the home visit. These requirements can be found at: <a href="http://www.comties.com/HIforms.html">www.comties.com/HIforms.html</a> **
5.	CCFFH Disclosure Form completed by applicant	
6.	Current Fingerprint results OR Current State Name Check/ECrim, as applicable - for applicant	
7.	Current Adult Protective Service (APS) and Child Abuse and Neglect (CAN) clearances – for applicant	

Note: If application is incomplete, CTA will send a letter explaining the reason it is incomplete. CTA has 60 days to approve or deny an application from the date a fully completed application is received.

Applicant should have all requirements in place prior to submitting an application.

Please do NOT call CTA, until 10 working days after mailing completed application to allow for processing.

Bernadette C. Vera  
 Applicant's Signature  
Bernadette C. Vera  
 Print Name

CNA  
 Title (NA, CNA, LPN, RN)

8/22/18  
 Date