

# Foster Family Home - Corrective Action Report

Provider ID: 1-090067

Home Name: Julien Vergara, CNA

Review ID: 1-090067-12

45-138 D William Henry Road

Reviewer: David Ayling

Kaneohe HI 96744

Begin Date: 8/7/2108

End Date: 9/7/18

## 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 8/7/18. Corrective Action Report issued during home visit with all items due to CTA by 9/7/18.

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

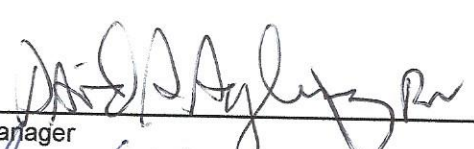
## Foster Family Home Background Checks [17-1454-7.1]

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

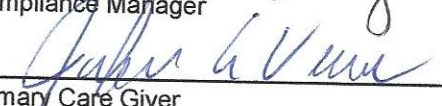
7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1)(2) - No current APS/CAN and fingerprints for HHM #7. No current APS/CAN for HHM #4 and HHM #5(expired 8/1/18).

  
Compliance Manager

8/7/18  
Date

  
Primary Care Giver

8/7/18  
Date

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

CCFFH Name: Julien Vergara Foster Home

CCFFH Address: 45-138 D William Henry Road

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.(a)(1)(2)	I have obtained current APS/CAN and fingerprints for HHM #7 and current APS/CAN for HHM #4 and #5. I have put them in my CTA binder.	9/7/18	I have written a list with the expiration dates of APS/CAN and fingerprints/eCrim for all CG's and HHM's and placed in the front of my CTA binder. I will review the list every month.

Primary Caregiver's Signature: Julien A Vergara

Print Name: Julien A. Vergara Date of Signature: 9/7/18