

Foster Family Home - Corrective Action Report

Provider ID: 1-140038

Home Name: Mayrose Mendoza, CNA

Review ID: 1-140038-5

3379 Likini Street

Reviewer: Angelica Galindo

Honolulu HI 96818

Begin Date: 9/18/2018

End Date:

10/12/17, 10/15/18

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 9/18/18. Corrective Action Report issued during home visit with all items due to CTA by 10/18/18.

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:

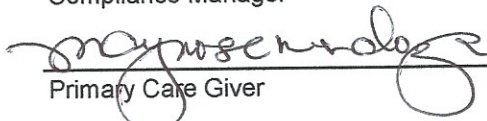
7.1.(a)(2)- APS/CAN lapsed for CG#1: was due on/before 6/18/2017, done on 8/03/2017.



Compliance Manager

9/18/18

Date



Primary Care Giver

9/18/18

Date

