

Foster Family Home - Corrective Action Report

Provider ID: 1-510059

Home Name: Cherly Silao, CNA

4107 Likini Street

Honolulu

HI 96818

Review ID: 1-510059-5

Reviewer: David Ayling

Begin Date: 8/17/2017

End Date: 8/17/17

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 8/17/17. Corrective Action Report issued during home visit with all items due to CTA by 9/17/17.

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) - CG #2 received a Red Light from a recert criminal history check. No exemption has been receive at this time.

David Ayling
Compliance Manager

Cherly Silao
Primary Care Giver

8/17/17
Date

8/17/2017
Date

Written corrective Action Plan

7.1(c) - I removed CG # 2 as my SCG until he can provide me his red light exemption from fieldpoint. SCG changed notification placed in my CTA binder.

- I will obtain an exemption anytime a CG or HHM receives a red light from fieldpoint in the future as stated in the rules.

Cherry Pined 8/22/2017

