

# Foster Family Home - Corrective Action Report

Provider ID: 4-110022

Home Name: Julita Porte, CNA

217 Kahiko Street

Paia

HI 96779

Review ID: 4-110022-6

Reviewer: David Ayling

Begin Date: 5/16/2017

End Date: 6/1/17

## 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 2 person CCFFH recertification review made on 5/16/17. Currently has no patients. Corrective Action Report issued during home visit with all items due to CTA by 6/16/17.

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

## Foster Family Home

## Background Checks

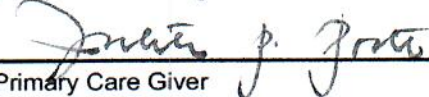
[17-1454-7.1]

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) - No current APS/CAN for CG #1, CG #2, CG #3, and HHM #1.

Compliance Manager



Primary Care Giver

Date

5-16-17

Date

TO → David Ayling R.N

From: Julita P. Porfe

7.1.(a)(2)

I have obtained current APS/can for  
CG #1 [REDACTED] CG #2 [REDACTED]

CG #3 [REDACTED] HHM #1 [REDACTED]

and placed in my CTA binder

I will place expiration dates of this  
APS/can for all CG's and HHM's on

my computer calendar with a reminder  
set for 1 month before expiration dates.

Thank you

Julita P. Porfe

6-1-17