

# Foster Family Home - Corrective Action Report

Provider ID: 1-180020

Home Name: Melkarth John D. Raqueno,  
RN

Review ID: 1-180020-2

3454 Likini Street

Reviewer: David Ayling

Honolulu HI 96818

Begin Date: 3/7/2019

## Foster Family Home Required Certificate [11-800-6]

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

Comment:

Home inspection for a 2 person CCFFH recertification made on 3/7/19. PCG requests to increase to a 3 client CCFFH. Corrective Action Report issued during home inspection with all items due to CTA by 4/7/19.

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


## Foster Family Home Background Checks [11-800-8]

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

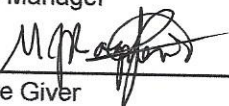
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1),(2) - Second year APS/CAN and fingerprints done on 3/5/19 for CG #2. Expired on 1/22/19.

  
Compliance Manager

3/7/19  
Date

  
Primary Care Giver

3/7/19  
Date

