

# Foster Family Home - Corrective Action Report

Provider ID: 1-614108

Home Name: Rowena Agustin, CNA

Review ID: 1-614108-5

94-363 Honowai Street

Reviewer: Lisa Johnson

Waipahu HI 96797

Begin Date: 3/20/2019

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

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

Comment:

6.(d)(1) Home inspection for a 3 person CCFFH recertification made on 3/22/19. Corrective Action Report issued during home inspection with all items due to CTA by 4/22/19.

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

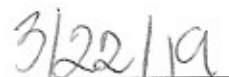
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

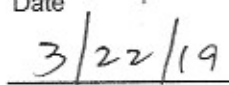
Comment:

8.a.2 CG#2 Laps on APS/CAN Done 12/26/2016 next one done 1/4/2019. CG#4 Laps on APS/CAN, done 6/5/2016 next one done 8/13/2018.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

