

Foster Family Home - Corrective Action Report

Provider ID: 1-150037

Home Name: Marcela Briones, CNA

Review ID: 1-150037-6

3835 Likini Street

Reviewer: Angelica Galindo

Honolulu HI 96818

Begin Date: 4/30/2019

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 3 person CCFFH recertification made on 4/30/19. Corrective Action Report issued during home inspection with all items due to CTA by 5/30/19.

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

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) - APS/CAN lapsed for CG #1: was due on/before 6/07/2018, done on 8/22/2018. APS/CAN lapsed for CG #4: was due on/before 6/09/2018, done one 8/22/2018.

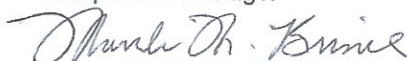
3 Person Fire Safety, 3 Person Fire Safety (3P) Fire Natural Disaster

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire - No fire drill conducted by CG #3 and CG #4 for 2018.


Compliance Manager


Primary Care Giver

4/30/19
Date

4/30/19
Date

