

Foster Family Home - Corrective Action Report

Provider ID: 2-614992

Home Name: La Vonnie Fikes, CNA

Review ID: 2-614992-12

15-1991 Poni Moi 29th Street

Reviewer: David Ayling

Kea'au HI 96749

Begin Date: 1/31/2020

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. Corrective Action Report issued during home inspection with all items due to CTA by 2/13/20.

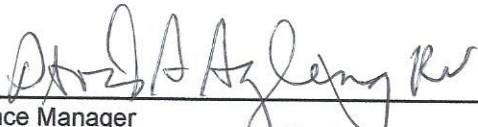
Foster Family Home Background Checks [11-800-8]

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

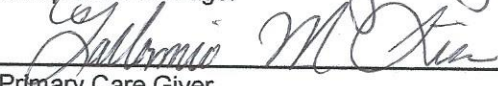
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

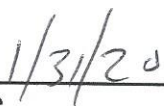
8.(a)(1)(2) - No current APS/CAN and fingerprints for CG #1 and CG #2. Expired on 9/20/19.



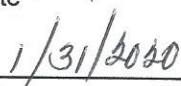
Compliance Manager



Primary Care Giver



Date



Date