

Foster Family Home - Corrective Action Report

Provider ID: 1-512857

Home Name: Asena Moala, CNA

Review ID: 1-512857-8

1929 Wilder Avenue

Reviewer: Pamela Perry

Honolulu

HI 96822

Begin Date: 2/26/2020

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 3 person CCFFH. Corrective Action Report issued during Home Inspection with all items due by 3/31/2020. Home will receive a 3 bed certification.

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 Fingerprints; APS/CAN for HHM #3 & HHM#4.

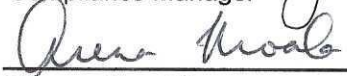
Foster Family Home Personnel and Staffing [11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - No TB clearance for HHM # 3 and HHM #4.



Compliance Manager


Primary Care Giver

2/26/20
Date

2/26/20
Date