

Foster Family Home - Corrective Action Report

Provider ID: 1-562472

Home Name: Anita Locquiao, CNA

Review ID: 1-562472-8

4429 Likini Street

Reviewer: Pamela Perry

Honolulu HI 96818

Begin Date: 6/9/2020

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

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

Comment:

6.(d)(1)- Unannounced home visit made on 6/16/20 for 2 bed CCFFH recertification. Corrective action plan issued during visit. All items to be submitted to CTA by 7/16/20.

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

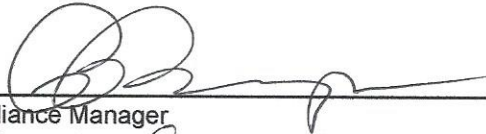
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

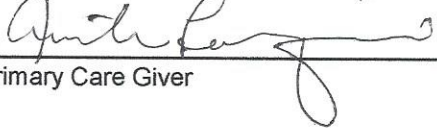
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)- CG#1 last eCrim 1/10/2018; HHM#3 without any eCrim ever done since move in date.

8.(a)(2)- CG#1 Last APS/CAN 1/10/2018; CG#2 Last APS/CAN 5/26/2017; HHM#3 without APS/CAN since move in date.


Compliance Manager


Primary Care Giver

6/16/20
Date

6-16-20
Date