

# Foster Family Home - Corrective Action Report

Provider ID: 1-634362

Home Name: Angelita Sardena, CNA

Review ID: 1-634362-8

94-580 Kupuna Loop

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 6/26/2020

## 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 completed for a 3 person CCFFH recertification.

-Corrective Action Report issued during home inspection with all written corrections due to CTA by 7/14/20.

## 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#1, #2, #3, #4 APS/CAN lapsed did on 3/7/18, Due 3/7/20. Did again on 4/1/20.

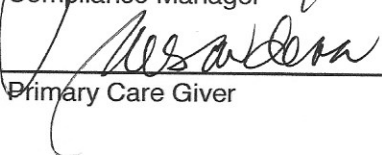
## Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) No side rail orders for all 3 clients

  
\_\_\_\_\_  
Compliance Manager

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

6/26/20  
Date

6/26/2020  
Date