Foster Family Home - Corrective Action Report

Provider ID: 1-090067

Home Name: Julien Vergara, CNA

Review ID: 1-090067-12

45-138 D William Henry Road

Reviewer: David Ayling

Kaneohe HI 96744

Begin Date: 8/7/2108

End Date: 9/7/18

Foster Family Home — Required Certificate [17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 8/7/18. Corrective Action Report issued during home visit with all items due to CTA by 9/7/18.

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

Foster Family Home — Background Checks [17-1454-7.1]

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

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

Comment:

7.1.(a)(1)(2) - No current APS/CAN and fingerprints for HHM #7. No current APS/CAN for HHM #4 and HHM #5(expired 8/1/18).

Compliance Manager — Date: 8/7/18

Primary Care Giver — Date: 8/7/18

8/8/2018 0:04 AM