

Foster Family Home - Corrective Action Report

Provider ID: 1-140022

Home Name: Fidela L.R. Batoon, CNA

Review ID: 1-140022-9

1016 Laakea Place

Reviewer: Pamela Perry

Honolulu

HI 96818

Begin Date: 7/10/2020

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 visit made on 7/13/20 for a 3bed CCFFH Recertification inspection. Corrective Action Plan issued during visit with all items due back to CTA by 8/13/20.

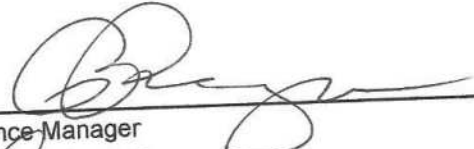
Foster Family Home Background Checks [11-800-8]

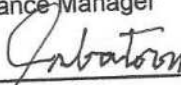
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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)- Last eCrimm for CG #2 & #3 is 4/20/2017
8.(a)(2)- Last APS/CAN for CG #2 & CG #3 is 4/20/2017


Compliance Manager


Primary Care Giver

7/13/20
Date

7/13/20
Date

