

Foster Family Home - Corrective Action Report

Provider ID: 1-170011

Home Name: Jerry Nacion Jr., CNA

Review ID: 1-170011-6

99-104 Puakala Street

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 5/19/2021

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

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

Comment:

6.(d)(1) - Annual unannounced inspection for a 2 person CCFFH. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 6/19/21.

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;

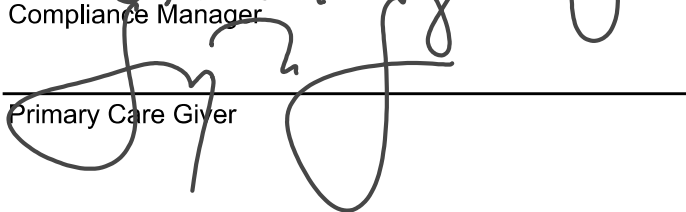
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - APS/CAN and fingerprints done on 5/3/2018 for HHM #4. Expired on 2/2/2018.


Compliance Manager

5/19/2021
Date


Primary Care Giver

5/19/2021
Date