

Foster Family Home - Corrective Action Report

Provider ID: 2-160049

Home Name: Wendy Anches, CNA

Review ID: 2-160049-9

1263 Puhau Street

Reviewer: Terri Van Houten

Hilo HI 96720

Begin Date: 3/16/2021

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

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

Comment:

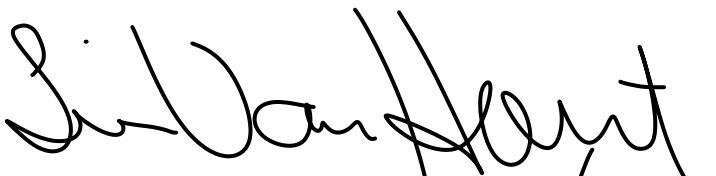
6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 4/16/2021.

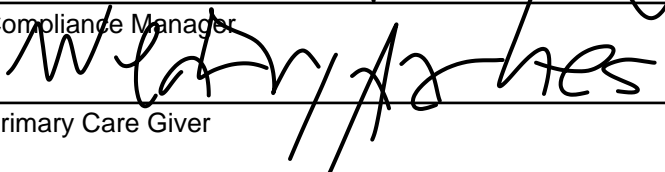
Foster Family Home Physical Environment [11-800-49]

49.(d) When there are intended changes to the home, the department shall be notified prior to the changes occurring.

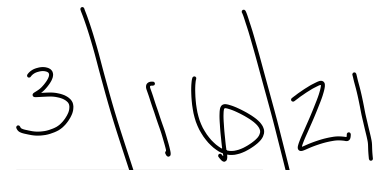
Comment:

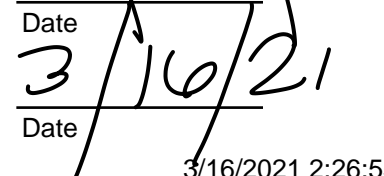
49.(d) - CCFFH has an enclosed garage which is being used as a bedroom for the PCG, 2 SCGs and 1 minor child. This room was not permitted when it was enclosed.



Compliance Manager


Primary Care Giver



Date


Date