

Foster Family Home - Corrective Action Report

Provider ID: 1-515306

Home Name: Belysilda Cielo, CNA

91-1148 Garton Street

Ewa Beach HI 96706

Review ID: 1-515306-3

Reviewer: [REDACTED]

Begin Date: 10/7/2015

End Date: 10/8/15

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 2 person recertification review made on 10/7/15. Corrective Action Report issued during home visit with all items due to CTA by 11/7/15.

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;

Comment:

7.1.(a)(1) - No current eCrim for CG #1, CG #2, HHM #1, and HHM #2. eCrim criminal history check expired on 3/12/15.

3 Person Staffing 3 Person Staffing Requirements

[17-1454-41] (3P)

41.(3P)(a)(4) A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility,

Comment:

41.(3P)(a)(4) - No job experience form present for CG #4.

[REDACTED]
Compliance Manager

Belysilda Cielo
Primary Care Giver

RW

10/7/15
Date

10/7/15
Date

1-515306

7. 1. (a)(1) Send current E crim for CG # 1, CG # 2
HAM # 1 and HAM # 2 to CTA on 10/8/15

41. (3D) (a)(4) - send job experience form for
CG # 4 to CTA on 10/8/15

I have made a list of requirements
with expiration dates and place
in the front of CTA (PCG) binder.
I will review list every month.

Belynda R. Cile 10/8/15