

Foster Family Home - Corrective Action Report

Provider ID: 5-120063

Home Name: Emily Mariano, CNA

Review ID: 5-120063-4

3250 Unahe Street

Reviewer:

Lihue HI 96766

Begin Date: 10/13/2015

End Date: 10/20/15

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 3 person recertification review made on 10/13/15. Corrective Action Report issued during home visit with all items due to CTA by 11/13/15.

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

Foster Family Home

Background Checks

[17-1454-7.1]

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)(2) - No second year APS/CAN for CG #4. Expired 4/5/15.

First APS/CAN done on 11/7/13 for HHM #1. Second year APS/CAN not done until 6/12/15. First APS/CAN done on 11/7/13 for HHM #2. Second year APS/CAN not done until 7/1/15.

Compliance Manager

10/13/15

Date

Primary Care Giver

Date

October 20, 2015

EMILY MARIANO
FOSTER FAMILY HOME
3250 Unahe St., Lihue,
Hi 96766

WRITTEN PLAN OF CORRECTION

7.1.(a)(2)

Sent CTA current APS/CAN for CG#4 on 10/21/2015. Showed CTA current APS/CAN for HHM#1 and HHM#2 on day of recertification . I have learned the rule for obtaining APS/CAN before they expire.

Made a list of all items with expiration dates and placed in the front on my CTA binder.

I will check periodically {monthly}.



EMILY MARIANO

FOSTER FAMILY HOME OPERATOR

DATE: 10/20/15