

Foster Family Home - Corrective Action Report

Provider ID: 1-130015

Home Name: Ederlina Tangonan, CNA

Review ID: 1-130015-3

91-915 Mailani Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 3/11/2015

End Date:

3/16/15

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 3/11/15.
Corrective Action Report issued during home visit with all items due to CTA by 4/11/15.

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

Foster Family Home Personnel and Staffing [17-1454-41]

41.(a)(2) Be a NA, an LPN, or a RN;

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(a)(2) - No current CNA certification for CG #2.
41.(b)(8) - No current BBP certification for CG #2.

Foster Family Home Client Care and Services [17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43.(c)(3) - No RN delegations and skills checks for CG #2 for client #1.

Compliance Manager

Primary Care Giver

RN

Date

Date

3/11/15

3/11/15

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Comment:

41.(a)(2) - No current CNA certification for CG #2.
41.(b)(8) - No current BBP certification for CG #2.

> faxed current certificates to CTA on 3/16/15

Foster Family Home Client Care and Services [17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43.(c)(3) - No RN delegations and skills checks for CG #2 for client #1.

Removing from CTA on 3/13/15. as my SCG. I faxed the form to

In the future I will keep my documents up to date to avoid the expiration dates. I will use a calendar.

Thank you Ederlina 3/16/15

Compliance Manager

Primary Care Giver

Date

Date