

# Foster Family Home - Corrective Action Report

Provider ID: 1-561010

Home Name: Imelda DeJesus, CNA

Review ID: 1-561010-2

91-824 Moneha Place

Reviewer:

Ewa Beach HI 96706

Begin Date: 7/16/2015

End Date: 7/16/15

## 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 7/16/15. PCG requests to increase to a 3 client CCFFH. Corrective Action Report issued during home visit with all items due to CTA by 8/16/15.

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 current APS/CAN for CG #1, CG #2, and CG #3.

## Foster Family Home

### Personnel and Staffing

[17-1454-41]

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

Comment:

41.(b)(8) - CPR and First Aid expired on 4/8/15 and was not renewed until 6/10/15 for CG #1 and CG #2.

Compliance Manager

Imelda B. DeJesus  
Primary Care Giver

RV

Date

Date

7/16/15

7/16/15

→ 1.1 (a)(2) + 41.6(b)(8)

Showed CTA proof of expired APS/CAM + CPR/FA.  
on day of recertification

I will place all items with expiration dates  
on my new Apple computer

Amelida B. Dejesus

7/16/15