

# Foster Family Home - Corrective Action Report

Provider ID: 5-150053

Home Name: Kristine Dalisay, CNA

Review ID: 5-150053-1

3269 Palai St.

Reviewer:

Lihue HI 96766

Begin Date: 10/13/2015

End Date: 10/23/15

## 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 new home certification 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)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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)(1),(2) - HHM #1 needs current (first year) APS/CAN and Fingerprints.

## 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.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

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

41.(f)(1) - No current TB clearance for HHM #1.

Compliance Manager

KRISTINE DALISAY

Primary Care Giver

10/13/15  
Date

10/13/15  
Date

7.1.(a)(1) + (2) - Sent CTA current APS/CAN  
and Fingerprint for #M#1  
on 10/23/15

41.(b)(8) - Sent CTA current BBP certificate  
for CG #2 on 10/23/15

41.(f)(1) - Sent CTA current TB clearance  
for #M#1 on 10/23/15

- I have placed all items that  
have expiration dates like TB +  
BBP on my computer Calendar.

  
KRISTINE DAUSAY

10/23/15