

Foster Family Home - Corrective Action Report

Provider ID: 1-110056

Home Name: Menchie Dawang, CNA

Review ID: 1-110056-5

95-559 Awiki Street

Reviewer:

Mililani HI 96789

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 made for 3 bed recertification on 3/11/15. Corrective action report issued during visit with items due to CTA by 4/10/15.

6.(d)(1) see applicable sections of this review

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) Job experience forms for CG's 2,3,4,5 are not available in binder.

Primary Care Giver

Rn MSN

Date

3/11/15

Date

3/11/15

