

Foster Family Home - Corrective Action Report

Provider ID: 1-130004

Home Name: Mylene Ceon, CNA

Review ID: 1-130004-4

31-1120 Kaunolu Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 3/6/2015

End Date:

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Review for recertification. Deficiencies listed in separate sections. CAP issued with all items due by 4/6/15.

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) CG 2 and CG 3: No work experience form.



Compliance Manager

Mylene Ceon

Primary Care Giver

Date

3/6/15

Date

3/6/2015

Mylene Ceon
91-1120 Kaunolu St.
Ewa Beach Hawaii
96706

of the Deficiency

48.1 Total Budget

I will going to fix this deficiency by adding all the expenses and write the total in the total expenses line. I will be doing this budget monthly so I can avoid this deficiency in the future.

#of the Deficiency

41.a.3 In Home Experience for SCG's

I will going to fix this deficiency by making the SCG #3 to fill out the job experience form and for my SCG #2 he is my caregiver and my also my household member whom only obtaining the experience to me as a PCG.

I will put in my portfolio and do this to all of my future caregivers in order to avoid this same deficiency in the future.