

Foster Family Home - Corrective Action Report

Provider ID: 1-518425

Home Name: Marissa Ibero, CNA

Review ID: 1-518425-4

94-1074 Kuhaulua Street

Reviewer:

Waipahu HI 96797

Begin Date: 7/31/2015

End Date: 8/1/15

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 7/31/15. Corrective Action Report issued during home visit with all items due to CTA by 8/31/15.

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) - No current eCrim for HHM #1 and HHM #3.

7.1.(a)(2) - No second year (2014) APS/CAN done for CG #1, #3, CG #5, HHM #1, #2, and #3.

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

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) - No current TB clearance for all CG's and HHM's.

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

43.(b) One bed in each home shall be reserved for Medicaid recipients.

Comment:

43.(b) - Currently has just 1 private pay patient.

Compliance Manager

Primary Care Giver

Date

Date

7.1. (a) (1), (2) – Sent CTA eCrim for HHM #2 and #3. Showed CTA current APS/CAN (2015) for all CG's and HHM's while CTA was at my CCFFH on 7/31/15.

41. (b) (7) – Sent CTA current TB Clearance for CG's and HHM's.

43. (b) – I will continue to log referrals, phone calls and emails. I will send CTA July's log.

- I will place all items with expiration dates (CPR, TB, BBP, APS, etc) in the front of my CCFFH Binder and my cell phone and computer.

Marissa Ibera
7/31/15