

# Foster Family Home - Corrective Action Report

Provider ID: 5-150013

Home Name: Norwena Bacud Visitacion,  
CNA

Review ID: 5-150013-1

1975 Kaku Street

Reviewer:

Lihue HI 96766

Begin Date: 3/17/2015

End Date:

4/6/15

## 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 new home certification review made on 3/17/15. Corrective Action Report issued during home visit with all items due to CTA by 4/17/15.

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) - No APS/CAN/Fingerprints for HHM #1 and #2.

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

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

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

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

Comment:

41.(a)(4) - No substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

41.(b)(7) - No current TB clearance for CG #1, HHM #1 and HHM #2.

41.(b)(8) - No BBP, CPR, and First Aid certification for CG #1.

Compliance Manager

*N Visitacion*

Primary Care Giver

Date

*3/17/15*

Date

## PCG WRITTEN RESPONSE TO CORRECTIVE ACTION PLAN DEFICIENCIES

( INCLUDE DEFICIENCY NUMBER)

PCG NAME: Nonwena Baud Visitation

DATE: 3-30-15

DEFICIENCY: 7-1-(a)(1), (2)

How did you correct this deficiency? Sent CTA APS/CAN/FP for HHM #1 and #2

How will you avoid committing this deficiency in the future? I will place all items with expiration dates on my calendar.

DEFICIENCY: 41.(a)(4)

How did you correct this deficiency? Sent CTA initial sub-caregiver approval form for 2 caregivers on file.

How will you avoid committing this deficiency in the future? I will always maintain at least 1 CG at all times.

DEFICIENCY: 41.(b)(7), (b)(8)

How did you correct this deficiency? Sent CTA current TB clearance, CPR, First Aid, and BBP

How will you avoid committing this deficiency in the future? I will place all items with expiration dates on my calendar.