

Foster Family Home - Corrective Action Report

Provider ID: 1-510645

Home Name: Priscilla Brunn, RN

Review ID: 1-510645-3

99-243 Aiea Heights Drive

Reviewer:

Aiea HI 96701

Begin Date: 8/4/2015

End Date: 8/4/15

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 8/4/15. Corrective Action Report issued during home visit with all items due to CTA by 9/4/15.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [17-1454-7.1]

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

Compliance Manager

RW

Date

8/4/15

Primary Care Giver

P. Brunn

Date

8/4/15

PRISCILLA BRUNN PCG
ISSUE 7-1.(a)(2)

I SHOWED CTA COPY OF NEW
APS/CAN (2nd year) ON DAY OF
RECERTIFICATION / INSPECTION ON 8/4/2015
I HAVE PLACED ALL ITEMS WITH
EXPIRATION DATES (CPR, OPP, XPS/CAN)
ON MY CALENDAR and ON THE
FRONT PAGE OF MY CTA CALENDAR

Priscilla Brun
PRISCILLA BRUNN
8/4/2015