

Foster Family Home - Corrective Action Report

Provider ID: 1-511065

Home Name: Reynaldo Tauyan, CNA

Review ID: 1-511065-3

91-1071 Oaniani Street (Apt. 7D)

Reviewer:

Kapolei HI 96707

Begin Date: 8/20/2015

End Date: 8/20/15

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 8/20/15. Corrective Action Report issued during home visit with all items due to CTA by 9/20/15.

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) - Second year(2014)APS/CAN not done until 7/1/15 for CG #1, CG #2, and CG #3. First year(2013) APS/CAN was done on 3/19/20.

Compliance Manager

Reynaldo Tauyan

Primary Care Giver

RN

Date

8/20/15

Date

7.1.(a)(2) - Showed CTA current APSKAN
for (6A1, CG # 20 CG # 3 on day of
recertification, 8/20/15 I now
understand when the expiration
dates are due.

- I will make a list of all items
(APC, can, BBP, CPR) and place in
the front on my folders. I will
check my folder every month.

Reynaldo Tamyon
Reynaldo Tamyon
8/20/15