

# Foster Family Home - Corrective Action Report

Provider ID: 5-110021

Home Name: Teresita Cummings, CNA

Review ID: 5-110021-4

4991 Manako Place

Reviewer:

Kapaa HI 96746

Begin Date: 1/13/2015

End Date: 2/17/15

## 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 closing date of 2/14/15.

## 3 Person Staffing

## 3 Person Staffing Requirements

[17-1454-41] (3P)

41.(3P)(a)(5) Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months. CTA will begin checking for this criteria July 2012 with full compliance required by July 2013.

Comment:

41.(3P)(a)(5)  
Need to see 12 units of CEUs for both SCGs.

FEB 17 2015

*W*



Teresita A. Cummings  
Primary Care Giver

2/19/15  
Date  
2/11/2015  
Date

**CORRECTIVE ACTION PLAN CORRECTIONS**

PCG NAME: TERESITA CUMMINOS

DATE: 9/27/2015

**DEFICIENCY:**

41.(3p)(a)(5): NEED TO SEE 12 UNITS OF CEU FOR BOTH OF THE SCCs

**How did you correct this deficiency?**

I ASKED BOTH OF MY SCCs their certificates of insurance at their work places, both of them are

**How will you avoid committing this deficiency in the future?**

I have to be aware of these requirements, and it has to be updated annually and already filed at the Substate binder